Reading Sri Lanka's Suicide Rate

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Abstract

By the final decade of the twentieth century, rates of suicide in Sri Lanka ranked amongst the highest in the world. However, in 1996 the suicide rate began to fall, and was soon at its lowest level in almost thirty years. Posing problems for classic sociological theories of suicide, the decline forces us to question some fundamental assumptions underlying social scientific approaches to the problem. Drawing from sociological, medical epidemiological, historical, and anthropological secondary sources as well as twenty-one months of original ethnographic research into suicide in Sri Lanka, I argue that there are four possible readings of the country's suicide rate. While the first three readings provide windows onto parts of the story, the fourth, a composite view, provides a new way of thinking about suicide not just in Sri Lanka but also cross-culturally. In so doing the article poses questions for how the relationship between suicide and society might be imagined.

Introduction

By the final decade of the twentieth century, rates of suicide in Sri Lanka ranked amongst the highest in the world.[1] Rapidly increasing year on year from the middle of the twentieth century, between 1983 and 1993 more than 90,000 people were known to have committed suicide. Reflecting the scale of the problem, a 'suicide epidemic'[2] was proclaimed. However, in 1996 something strange appeared to happen. For the first time in a century, the suicide rate began to fall. This it did substantially, and by 2004 was at its lowest level in more than thirty years (see Figure 1). The most recent evidence suggests that the suicide rate, once infamous in suicidology circles, is continuing its downward trend.[3] The history of the Sri Lankan suicide rate is thus a story of two halves: an upward 'spiral of suicide'[4] between the 1960s and 1995, and a rapid contraction ever since.

[FIGURE 1]

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[2] See Eddleston, M., Ariaratnam, C. A., Meyer, W. P., Perera, G., Kularatne, J. M. Attapattu, S. & M. R. H. Sheriff. (1999). Epidemic of self-poisoning with seeds of the yellow oleander tree (*Thevetia peruvianna*) in northern Sri Lanka. *Tropical Medicine and International Health* **4:4**, 266-273; IRIN. 2009. *Sri Lanka: Suicide rate drops, but more people using poison*. http://www.irinnews.org/report.aspx?ReportID=83435 [Accessed 7 June 2011]

[3] De Silva, V. A., Senanayake, S. M., Dias, P. & R. Hanwella. (2012). From pesticides to medicinal drugs: time series analysis of methods of self-harm in Sri Lanka. *Bulletin of the World Health Organisation* **90(Jan)**: 40-46

[4] Kearney, R. N. & B. D. Miller. (1985). The Spiral of Suicide and Social Change in Sri Lanka. *The Journal of Asian Studies*. **45(1)**: 81-101

At a time when suicide rates are increasing across South Asia and many other parts of the globe, the causes of Sri Lanka's recent contraction are important and interesting. Posing problems for classic sociological theories of suicide, the decline, while reason for celebration, forces us to question some fundamental assumptions underlying social scientific approaches to the problem. Drawing from sociological, medical epidemiological, historical, and anthropological secondary sources as well as twenty-one months of original ethnographic in Sri Lanka, in this article I argue that there are four possible readings of the country's suicide rate: social, methodological, cultural, and what might be called 'Weberian.' While the first three readings provide windows onto parts of the story, the fourth, a composite view, suggests a new way of thinking about suicide not just in Sri Lanka but also cross-culturally. In so doing, the article poses questions for how the link between suicide and society might be imagined.

The article is divided into four parts. The first introduces the suicide rate as an artefact, and a problem for study: an object of scholarly and popular fascination that seems to say something about the wellbeing of nations. The second introduces my ethnographic research into suicide in Sri Lanka and highlights key findings that reflect throughout the four readings of the suicide rate to come. The third part, then, moves on to consider established readings of the Sri Lankan suicide rate in the literature, while the fourth presents the composite view. As such, throughout the article I seek to employ and combine secondary sources from a number of disciplines that have not been so presented before. I aim to show how diverse approaches to the study of suicide can greatly facilitate our knowledge and understanding of the problem. Suicidologists often recognise the diverse range of 'causes' of suicide that impact on any case, from genetic dispositions through psychological experience and contagion to social, cultural, and historical factors and contexts. In this article I suggest one way in which different approaches can be combined to produce a new way of reading quantitative and qualitative sets of data.

Suicide rates and the wellbeing of nations

A suicide rate is a statistical picture of, ostensibly, the number of self-inflicted deaths occurring within any delineated population. Usually collated at the level of nations, they are calculated per 100,000 population, which allows for comparison between nations, as well as demographic groups within them. According to the World Health Organisation (WHO),[5] a suicide rate that exceeds 13 per 100,000 is 'high,' while a suicide rate that falls below 6.5 per 100,000 is 'low.' By this method we can say that suicide rates are 'highest' across Scandinavia, Russia and the old Soviet states, parts of Northern and Eastern Europe, Sri Lanka, and Japan, and 'lowest' in the UK, Italy, the Middle East, and large parts of Central and South America. Meanwhile, the data suggests that men outnumber women considerably in terms of completed suicide, while women outnumber men in terms of suicide attempt. Nowhere in the world do young children commit suicide at any significant level; everywhere suicide seems to be correlated with old age.

Suicide rates have been a subject of long fascination, being used by nineteenth century French moral statisticians to comment on the deviancy of populations,[6] and Emile

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[5] See http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/index.html (Accessed 20 June 2011)

[6] Giddens, A. (1965). The Suicide Problem in French Sociology. *The British Journal of Sociology* **16(1)**: 3-18; Hacking, I. (1995). The looping effects of human kinds. In: Sperber, D., Premack D. & A. J. Premack (eds.) *Causal cognition: a multi-disciplinary debate* Oxford: Clarendon Press, pp. 351-383

Durkheim[7] to demonstrate the sociological method. It was through Durkheim's work that suicide rates became best known as an index of societal wellbeing: about the only use they enjoy today. For Durkheim,[8] the suicide rate could be read as an artefact created by what he called the 'suicidogenic current': the conditions in society that compel individuals to end their own lives. Durkheim posited that the suicidogenic current fluctuated according to degrees of social integration and moral regulation within society. With one or both too strong or too weak, the suicide rate rose or fell depending upon conditions and experiences of what he termed egoism, anomy, altruism, and fatalism.

Briefly, egoistic suicide was produced by a lack of social integration, which exposed individuals to suicide because they lost adequate levels of social support for dealing with their problems. Anomic suicide, meanwhile, was produced by processes of change that led people to lose their moorings in the social world, and thus their sense of belonging to a social group: a lack of moral regulation. Altruistic and fatalistic forms of suicide, for their part, were produced by overly-strong social integration and moral regulation respectively, and for this reason Durkheim argued were usually found in small scale 'traditional' societies. Altruistic suicide was compelled not by some individual problem but rather a sense of commitment to the group, while fatalistic suicide followed in contexts where individuals were so embedded in their social position they could envisage no other life when that position was threatened or lost.

Over the years there have been many criticisms, defences, and elaborations of Durkheim's theory.[9] Generally scholars have either taken to task his data and methods of statistical analysis, or poked holes in his theoretical thinking. Some have argued that Durkheim is worthless, while others have found that he still has relevance. What they all still pretty much agree on, however, is Durkheim's insistence that suicide is a product of society, and not just of individuals' disturbed minds. Given, moreover, that suicide is fundamentally assumed to be related to some kind of social change or turbulence, Durkheim's theory of anomy has tended to reappear via the backdoor. Although many contemporary scholars tend to dismiss Durkheim's formal theory, they often nevertheless accept a causal link between social conditions and suicidal behaviour.

In the scholarly and (western) popular imagination today, it is the loss of regulation that people seem to most often speak about when discussing suicide. This can be found in analyses of social change in developing societies that push suicide rates up, to media reports of how during times of war suicide rates go down. The much-reported 'farmer suicides' in India and Sri Lanka capture both academic and policy attention, with several global campaigns having been launched to try to ease the burdens of indebted agriculturalists, and the phenomenon even gaining its own Wikipedia page.[10] The assumption that underwrites these links is Durkheim's idea that it is not *absolute* poverty (or hardship, alienation, or

[7] Durkheim, E. (1951 [1897]). *Suicide. A Study in Sociology* (translated by J. A. Spauding & G. Simpson). London: Routledge

[8] Durkheim, *Suicide*, pp. 210

[9] Just a few of these include: Douglas, J. D. (1967). *The Social Meanings of Suicide*. Princeton: Princeton University Press; Fincham, B., Langer, S., Scourfield, J. & M. Shiner. (2011). *Understanding Suicide: A Sociological Autopsy*. Basingstoke: Palgrave Mcmillan; Giddens, A. 1971. (ed.) *The Sociology of Suicide: A Selection of Readings*. London: Frank Cass; Halbwachs, M. (1978). *The Causes of Suicide*. (Translated by H. Goldblatt). London: Routledge & Keegan Paul; Lester, D. (1994). *Emile Durkheim: Le Suicide 100 Years Later*. Philadelphia: The Charles Press, Publisher; Pickering, W. S. F. & G. Walford (eds). (2000). *Durkheim's Suicide: A Century of Research and Debate*. London: Routledge; Pope, W. (1976). *Durkheim's Suicide. A Classic Analyzed*. Chicago: Chicago University Press; Taylor, S. (1984). *Durkheim and the Study of Suicide*. Basingstoke: Palgrave Mcmillan

[10] See *Farmers' Suicide in India*, http://en.wikipedia.org/wiki/Farmers%27_suicides_in_India [accessed 19 July 2012]

whatever) that causes people to kill themselves, but changing levels of *relative* poverty (or hardship, alienation…). Suicide rates are read, then, as an index of social wellbeing, as in Wilkinson's and Pickett's best-selling *The Spirit Level*,[11] and used to make points about the comparative socioeconomic development of nations.

Suicide at the local level: self-harm and self-inflicted death in Madampe

Interested in Sri Lanka's high suicide rate, in October 2004 I travelled to the island to conduct a two-year ethnographic study of suicidal behaviour. My research was focused on the Madampe Division in the Puttalam District of north-western Sri Lanka. Lying some seventy kilometres north of the capital, Colombo, Madampe is best described as a 'peri-urban' locality, being comprised of two towns and numerous suburbs and villages running into each other, interspersed by coconut estates and the occasional paddy field. The area is primarily ethnically and linguistically Sinhala (91.4 per cent), with a relatively large minority (5.4 per cent) of Tamil-speaking Muslims living in the west of the Division.[12] By the 2001 census the Madampe Division had a population of 43,411, which was supported by a mixed economy of plantation agriculture, light manufacturing, public and private sector service, and overseas labour migration.[13] Overall the area is relatively developed in socio-economic terms, and can be understood as forming the fringe of the densely populated western coastline running between Chilaw in the north to Galle in the south.

During my research I conducted ethnographic studies of two Sinhala villages – Udagama and Alutwatta – as well as several public institutions that dealt with suicidal behaviours that occurred in Madampe and the wider area. These included a public health and emergency centre, the Divisional police station, a mental health clinic in the neighbouring town of Chilaw, and a coroners' court in the more distant town of Kuliapitiya. Each of these organisations held records of varying detail concerning the cases of suicidal behaviour they dealt with, and in total I was able to review the records of 600 self-harm cases and 129 suicide cases spanning across a five year period. I also had the opportunity to interview patients and staff, as well as observe counselling sessions. Meanwhile, the ethnographic materials that I collected from Udagama and Alutwatta on the prevailing contexts and conditions and causes and meanings of suicidal behaviour provided frameworks for understanding the numerous individual cases that I recorded within institutional settings as well as those that occurred in the field.[14]

Social contexts of suicide: hierarchy and relatedness

From these various sources I was able to develop a detailed understanding of the demographic patterns of suicidal behaviour in Madampe, as well as prevailing 'motives, methods, and meanings.' Issues of gender, kinship, social status, and class were paramount in how people explained the reasons for their own suicidal actions or those of others around

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[11] Wilkinson, R. & K. Pickett. (2010). *The Spirit Level: Why Equality is Better for Everyone*. London: Penguin

[12] Department of Census & Statistics. (2003). *Census of Population and Housing – 2001. Population and Housing Data, Puttalam District*, Government of Sri Lanka, http://www.statistics.gov.lk/index.asp [accessed 1 June 2009]

[13] Department of Census & Statistics, *Census of Population and Housing – 2001*

[14] All direct contact work with patients at the Clinic was conducted on the basis of their full consent, including the completion of formal 'informed consent' forms. Research in community settings proceeded on the basis of more informal verbal consent.

them. I have explored these issues elsewhere,[15] so will here only provide a – much simplified – summary.

To understand suicide in Madampe it is necessary to first understand the local 'dispositions'[16] through which people live, make sense of themselves and others around them, and attribute causes to fortune and misfortune. Principally, this means exploring the ways historical relationships to land and labour manifest different understandings and claims of social hierarchy and relatedness in the present.[17] Drawing from the work of Gananath Obeyesekere[18] and R. L. Stirrat,[19] I have considered how resulting structural positionalities lead to certain kinds of understanding with regard to the causes, consequences, and ways of responding to fortune and misfortune in the world. Following this method I discovered that in Udagama and Alutwatta quite distinct dispositions had come into being, from what might – again very simplistically – be called an 'individualistic' orientation at Udagama to a 'collectivistic' orientation at Alutwatta.[20]

In Madampe the expansion of coconut plantations and mass inward migration from the mid-nineteenth century onwards resulted in the creation of two kinds of village in the division: a 'pre-colonial ancient' (*puraṇa*) settlement and a 'colonial/post-colonial modern' colony (*estate*). Udagama is an example of a *puraṇa* village and Alutwatta an example of an *estate*. For many people in Madampe whether or not one resides in a *puraṇa* or *estate* village goes a long way towards determining economic and social position, and the terms themselves provide a shorthand method of summing up 'status' or 'class,' in Weber's[21] sense of those terms. For Weber a status group was defined by a common 'traditional' identity and style of life, often marked through practices of bodily conduct, speech, dress, marriage, and

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[15] See Widger, T. (2009). *Self-harm and self-inflicted death in Sri Lanka: an ethnographic study*. PhD thesis: London School of Economics & Political Science; Widger, T. (2012a). Suicide and the Morality of Kinship in Sri Lanka, in: J. Staples (ed.), *Suicide in South Asia: Ethnographic Perspectives*. Special issue of *Contributions to Indian Sociology*, **46(1&2)**: 83-116; Widger, T. (2012b). Suffering, frustration, and anger: class, gender, and history in Sri Lankan suicide stories, in: J. Staples & T. Widger (eds.) *Ethnographies of Suicide: Anthropological Approaches to Understanding Self-Harm and Self-Inflicted Death*, Special issue of *Culture, Medicine and Psychiatry*, **36(2)**: 225-244

[16] By 'dispositions' I mean a loose set of ideas, assumptions, and expectations concerning the ways in which things work in family and community life as well as the nation and world at large.

[17] Brow, J. (1981). Class Formation and Ideological Practice: A Case from Sri Lanka. *The Journal of Asian Studies*, **40(4)**: 703-718; De Munck, V. C. (1996). Love and Marriage in a Sri Lankan Muslim Community: Toward a Reevaluation of Dravidian Marriage Practices. *American Ethnologist*, **23(4)**, 698-716; Gunasekera, T. (1994). *Hierarchy and Egalitarianism. Caste, Class and Power in Sinhalese Peasant Society*. London: The Athlone Press; Jayawardena, K. (2000). *Nobodies to Somebodies. The Rise of the Colonial Bourgeoisie in Sri Lanka*. New Delhi: LeftWord; (2004). *The Rise of the Labour Movement in Ceylon*. Colombo: Sanjiva Books; Roberts, M. (1995). *Caste Conflict and Elite Formation. The Rise of the Karāva Elite in Sri Lanka, 1500-1931*. New Delhi: Navrang; Spencer, J. (1990b). *A Sinhala Village in a Time of Trouble: Politics and Change in Rural Sri Lanka*. Delhi: Oxford University Press; Spencer, J. (1992). Representations of the Rural: A View from Sabaragamuva. In: Brow, J. & J. Weeramunda (eds.) *Agrarian Change in Sri Lanka*. London: Sage, pp. 357-387; Stirrat, R. L. (1992). *Power and religiosity in a post-colonial setting: Sinhala Catholics in contemporary Sri Lanka*, Cambridge: Cambridge University Press

[18] Obeyesekere, G. (1979). The vicissitudes of the Sinhala-Buddhist identity through time and change. In Roberts, M. (ed.) *Collective Identities, Nationalisms, and Protest in Modern Sri Lanka*, Colombo: Marga Institute, pp. 279-312; 1981. *Medusa's Hair. An Essay on Personal Symbols and Religious Experience*. London: University of Chicago Press; Obeyesekere, G. (1985). Depression, Buddhism, and the Work of Culture in Sri Lanka. In Kleinman, A. & B. Good (eds.) *Culture and Depression. Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder*. London: University of California Press, pp. 134-152

[19] Stirrat, *Power and Religiosity*

[20] Widger, *Self-harm and Self-inflicted Death*

[21] Weber, M. (1958). *From Max Weber: Essays in Sociology*. Gerth, H. H. & C. Wright Mills (eds.). Oxford: Oxford University Press; Weber, M. (1964). *The Theory of Social and Economic Organisation*. Glencoe: The Free Press

commensality. Contrasted to this was Weber's understanding of 'modern' class, which, like Marx, encompassed two kinds: (1) a category of persons who are simply in the same economic situation; and (2) a group of people who recognise they have shared economic interests. However, for Weber the distinction between status and class was only ideal, and in practice the two existed together in different degrees. Weber suggested that while classes are stratified according to the production and acquisition of material wealth, status groups are ranked by stylised consumption patterns. In this way, class and status are often, although not always, determinate of each other.

In Madampe, as Weber would have predicted, 'traditional' status groups – castes – exist alongside 'modern' classes. Caste in Sinhalese Sri Lanka is no easy institution to define, with some arguing that it has significantly weakened as a principle of social organisation in the modern period[22] and others suggesting that it still holds relevance.[23] Conversely, most scholars seem to be in agreement that class is a universally important means of social differentiation and ranking today, with the terms 'middle class' and 'working class' widely used in the literature. In Madampe, and in addition to caste and class, however, was also a concern with individuals' village of residence, from which people claimed 'native' or 'newcomer' status in the area respectively. Each kind of residence status was imbued with regard to individuals' caste status and class level, signifying extent of land holdings as well as consumption potentialities, patterns, and styles. I contend that an analysis of suicide in Madampe must rest on a consideration of these factors, as residence, caste, class, and consumption form a quadruplet of indicators – which in turn are deeply shaped by gender and age – that when taken together allow people to develop a sense of themselves and their relations to others, and ultimately come to view the causes and consequences of fortunes and misfortunes in the world.

My claims can be illustrated by considering the different histories and contemporary formations of Udagama and Alutwatta.[24] Udagama, current population 606 across seventy-four households, is precisely one of those villages that suffered as a result of nineteenth century coconut estate expansion and inward migration. It became heavily over-populated, native families could no longer give land as dowry or inheritance to sons and daughters, and as such they not only sought economic advance through public and increasingly private sector employment, but had to buy land and raise families elsewhere. Over the generations often violent quarrels about land led to the fracturing of kinship to the extent that although most Udagama families today could choose to claim relatedness with their neighbours, very few actually do. As such, today Udagama people stress a narrow patrilineage and only certain affinal links such as those with wives' husbands (massinā), but even then there is considerable disagreement over what these ties mean in practice. As one informant complained, 'I cannot rely on my relatives for anything,' echoing a sentiment commonly held that economic livelihoods had to be earned through *individual* hard work, not recourse to kin patronage.

[22] Gunasekera, *Hierarchy and Egalitarianism*; Spencer, *A Sinhala Village in a Time of Trouble*; Stirrat, R. L. (1982). Caste conundrums: Views of caste in a Sinhalese Catholic fishing village. In McGilvray, D. B. (ed.) *Caste Ideology and Interaction*, Cambridge: Cambridge University Press, pp. 8-33

[23] Gamburd, M. R. (2000). *The Kitchen Spoon's Handle. Transnationalism and Sri Lanka's Migrant Housemaids*. London: Cornell University Press; Hewamanne, S. (2008). *Stitching Identities in a Free Trade Zone. Gender and Politics in Sri Lanka*, University of Pennsylvania Press: Philadelphia; Lynch, C. (2007). *Juki Girls, Good Girls. Gender and Politics in Sri Lanka's Global Garment Industry*, Cornell University Press: Ithaca and London; Silva, K. T., Sivapragasam, P. P. & T. Thanges. (2009). *Casteless or Caste-Blind? Dynamics of Concealed Caste Discrimination, Social Exclusion and Protest in Sri Lanka*. Colombo-Chennai: Kumaran Book House

[24] Widger, *Self-harm and Self-inflicted Death*, chap. 4

Yet at the same time, Udagama is comprised mostly of high-caste *goyigama* families who, despite a lack of kin ideology, claim ancestry in the area back to the twelfth century. Today the majority of adult males of working age are in professional, white collar, or skilled artisanal jobs, or else following advanced or higher level education. Although two-thirds of marriages since the late 1970s have been the result of 'love affairs,' parental blessing has only ever been granted when the union has been within the same caste and class. The spouse's family must too exhibit a 'good ancestry' (*hoňda paramparāwa*), which includes living in a *puraṇa* village like Udagama. To that extent Udagama people can be understood as forming a local middle class, as although being 'of the village' they occupy the level of the 'local intelligentsia' whom Obeyesekere[25] describes as the chief advocates of 'Protestant Buddhism,' a middle class reform movement. Indeed, the rationalist ethic that underpins Protestant Buddhism underpins *puraṇa* conceptions of the world and also, as will be seen, of suicide. Udagama people tend to be this-worldly orientated, in the sense they do not tend to locate problems or misfortunes in the activities of malevolent spirits or deities but instead rather impersonal forces such as 'the open economy,' 'globalisation,' or 'political corruption' at the national level.

Alutwatta, by contrast, is a housing colony or *estate* that was established under the 1935 Land Development Ordinance (LDO). Today it has a population of 792 across 121 households, but unlike at Udagama living space and land inheritance are rarely causes for concern. Plots of land up to one acre-square were originally granted to land-poor or landless individuals and families between the 1950s and 1970s, and it has become common practice for them to be divided between sons and daughters over successive generations. Equally, many Alutwatta families have sought to expand their ownership of plots within the colony by intermarrying, with two families in particular exchanging sons and daughters over three generations. As such, strong ideologies of relatedness exist in the *estate*, with a range of kinship classifications being used to signify how people are related and, importantly, what kinds of duties and obligations those relationships imply. Quite unlike Udagama, then, Alutwatta families tend to be highly extended with bilateral ties stressed.

Meanwhile, LDO planners paid little heed to caste, with plots seemingly allocated on the basis of need rather than rank. There is no single caste group that is dominant in Alutwatta, and different castes live amongst each other. 'Love marriage' is today the norm, but cross-caste marriage is common, as it was during the decades of settlement. In relation to employment, the majority of Alutwatta people work in skilled artisanal and skilled and unskilled factory or labouring jobs. Very few are professionals or white collar workers in either public or private sectors, and equally few stay in education beyond 14 years. The fact that so many Alutwatta people work in factories – three are dotted along its borders – creates a decidedly working class consciousness in the *estate*, witnessed in high levels of union and 'left-wing' (SLFP and JVP) political activity; Udagama, by contrast, is staunchly 'right-wing' (UNP). Gombrich and Obeyesekere[26] have argued that the growth of devotional religiosity, the modern counterpoint to Protestant Buddhism, occurred mostly amongst the urban and semi-urban poor. Reflecting this fact, Alutwatta is home to many more expressive forms of religious practice than Udagama, be it through measures to avoid the 'evil eye' or demons, appeasing local and Hindu deities, or conversions to emerging Pentecostal churches – all of which can be understood as a reflection of Alutwatta people's concern with the intimate, familial, and relational bases of fortune and misfortune in their lives.[27]

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[25] Obeyesekere, The vicissitudes of Sinhala-Buddhist identity through time and change; Gombrich R. F. & G. Obeyesekere. (1988). *Buddhism Transformed: Religious Change in Sri Lanka*. Princeton: Princeton University Press

[26] Gombrich & Obeyesekere, *Buddhism Transformed*

[27] Stirrat, *Power and Religiosity*

In these few paragraphs I have tried to sum up a complex social situation that is essential for understanding suicide in Madampe. I will return to this again below in the form of case studies. But let me finish this section by highlighting the main points. Social status groups and classes in Weber's sense can be understood as existing in Madampe, where they have been formed by the confluence of historical and contemporary forces that have created two distinct kinds of village community and associated categorisations of people. Broadly, they can be defined as a high caste, middle class found mostly in nucleated *puraṇa* villages, and a lower caste, working class found mostly in *estate* villages. While it is by no means the case that all *puraṇa* people are high caste/middle class and *estate* people are low caste/working class, understanding the ways in which *puraṇa* and *estate* lives manifest particular conceptions of fortune and misfortune can help us to make sense of suicide in Madampe, and indeed social life in the area more broadly.

Demographic patterns of suicidal behaviour

Having now staked out the social context of the study, I move to a description of suicidal behaviours occurring within it. During my fieldwork in Madampe, suicides occurred on a monthly basis, acts of self-harm on a weekly basis, and suicide threats – which formed part-and-parcel of everyday discourse – on a daily basis. Reviewing files held at the Madampe Police Station and Galmuruwa Peripheral Unit, one of two local hospitals in the Division that kept self-harm data, I found that between the years 2001 and 2006 sixty-one suicides and 325 self-harm cases were recorded.[28] Of the suicides, two-thirds were male and of the self-harm cases half were male and half were female. By these figures self-harm occurred at more than five times the rate of suicide.

Despite the regularity with which suicidal behaviours arose, suicide rates in Madampe were not especially high when compared with the country as a whole, having historically been about average for the island. In 1974 Kearney and Miller[29] ranked suicide rates in the wider Puttalam District as just below average for the island, at 21.3 per 100,000; the national rate was 22.1. Unfortunately I have been unable to locate any more recent district-level data, but when the divisional data for 2001 to 2006[30] is compared against the corresponding national data (Table 1), Madampe still looks to have an average suicide rate. Between 2001 and 2006, the average yearly rate for Madampe was 23.4, and for Sri Lanka 23.7. As such, it seems that although the suicide rate spiralled and declined across the island between 1974 and the time of my fieldwork, Madampe's suicide rate fetched up just where it started: about mid-field in the national league tables.

[TABLE 1]

Let us now turn to the gender and age of Madampe suicides. Amongst males the self-harm rate was three times higher than the suicide rate, while amongst females it was thirteen times higher (Table 2). The average age of male self-harmers was 30.4 years (range: 7[31] to 67

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[28] Real numbers are likely to be much higher, especially with regard to suicide. Divisional police only investigate cases occurring within their jurisdiction, and so patients transferred out of Madampe who subsequently died were not included in their data.

[29] Kearney & Miller, The Spiral of Suicide and Social Change in Sri Lanka, pp. 93

[30] Quantitative data on self-harm and suicide were collected from a range of sources. The full dataset can be found in Widger (2009): chap. 3, where a discussion of limitations and biases can also be found. In this paper I present only that data pertaining directly to the Madampe Division – namely, that which I collected from the Galmuruwa Peripheral Unit and Madampe Police Station for the years 2001 to 2006.

[31] Six male patients were aged 14 years or younger (5 per cent of total).

years) and 23.4 years amongst females (range: 7[32] to 83 years). On the other hand, the average age of male suicides was 47.5 years (range: 18 to 80 years) and 33.6 years amongst females (range: 12[33] to 75 years). As such, suicide victims were on average several years older than self-harm patients, who in turn were more likely to be younger teenagers or children. Males (Figure 2) have a peak of self-harming activity between ages 15 to 24, which then steadily declines. However, levels of completed suicide increase during youth and early adulthood to peak between ages 35 to 54, after which there is a rapid decline. Females (Figure 3) display a very different pattern. Levels of both self-harm and suicide peak between the ages 15 to 24, after which they rapidly decline; levels of self-harm are especially low after 44 years. The data thus suggests that while young people and women were most likely to commit acts of self-harm (and survive), older people and men especially were most likely to commit acts of suicide attempt (and die).

[TABLE 2]
[FIGURES 2-4]

Comparing how suicides distribute by gender and age in Puttalam and Sri Lanka in 1974 and thirty years later in Madampe in 2004 can help us to further gauge change during this period. First, in 1974 the suicide rate for Puttalam males and females was 32.4 and 8.9 respectively, while for Sri Lanka it was 30.3 and 13.4.[34] In 2004, the figures for Madampe were 30.0 for males and 2.3 for females: about the same for males as in 1974 but much lower for females. This suggests that although suicide rates are about the same in Madampe as they were for the whole Puttalam District in 2004 as they were in 1974, female suicides have significantly declined. It may be that high levels of female international labour migration in this district provide women with an alternative to suicide.[35] Additionally, Hewamanne's[36] ethnography of suicidal jokes and threats amongst garment factory workers shows how verbal suicide expressions provide young women with a means of speaking about problems in their lives. For women a shift towards more symbolic kinds of suicidal behaviour may be providing means of response or redress that previously only more direct suicidal acts could offer.

Finally, no government authority in Madampe accurately or systematically collected information on the socio-economic status or class of self-harmers or suicides. Throughout my many discussions with doctors, nurses, mental health clinicians, police officers, coroners, social welfare officers, and Udagama and Alutwatta residents, the general opinion seemed to be that the local *puraṇa* middle class rarely engaged in self-harm but did sometimes commit suicide, whilst the local *estate* working class engaged in both. However, the relationship between suicide and class is complex, and in addition to the summary to now be given, illustrative cases will also be presented at the end of this paper.

As I have discussed elsewhere,[37] *puraṇa* conceptions of suicidal behaviour revolved around self-inflicted death as a 'moral death' in the sense of it being a 'quiet withdrawal' from suffering (*dukkha*) in the world. Acts of self-harm, on the other hand, were considered the result of frustration (*asahanaya*) or anger (*kopeya*); emotions inappropriate for good *puraṇa* people to exhibit, associated as they were with shame (*läjja*). Yet for *estate* people, such (class) restraints did not pertain. Indeed for them expressions of frustration or anger

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[32] Four female patients were aged 14 years or younger (3 per cent of total).
[33] Two female suicides were aged 14 years or younger.
[34] Kearney & Miller, The Spiral of Suicide and Social Change in Sri Lanka, pp. 95
[35] See Widger, *Self-harm and Self-inflicted Death*, chap. 7
[36] Hewamanne, S. (2010). Suicide Narratives and In-Between Identities among Sri Lanka's Factory Workers. *Ethnology*, **49(1)**: 1-22
[37] Widger, Suffering, Frustration and Anger

through public acts of self-harm were often regarded as desirable and functional, in the sense they provided a socially accepted method of resolving relational disputes. So while people in Madampe assumed the self-harm of middle aged *puraṇa* men especially would be fatal, the self-harm of *estate* men or women and youth were assumed would be non-fatal.

This distinction between non-fatal and fatal kinds of self-harm was found in local terminologies for suicidal behaviour. On the one hand, people spoke about *wāha bonnāva* and *känēru bonnāva* – 'drinking poison' and 'drinking *känēru* (yellow oleander)' respectively – by which they meant acts of suicidal behaviour that *were not* supposed to result in death, but instead to achieve some kind of communication between intimate parties. On the other hand, people also spoke about '*siya diivinasa ganima*' – 'taking one's own life' – and by which they meant acts of suicidal behaviour that *were* supposed to result in death, and signify escape or withdrawal from the world. In this way, people I interviewed often told me that young, female, and, or, *estate* people's self-harm was about achieving some social function, while older, male, and, or, *puraṇa* class people's suicide attempts were about withdrawing from problems in life more generally.[38] Marecek and Senadheera,[39] drawing from Taylor,[40] refer to these kinds of suicides in Sri Lanka as 'dialogue' and 'monologue' suicides respectively.

Integral to the ways in which suicide was understood in Madampe were, then, notions of the social, methodological, and cultural aspects of such behaviour within contexts and conditions shaped by gender, class, and age. Lived problems of hierarchy and relatedness were linked to broader contexts and processes of societal change such as changing marriage practices or international migration, and protest and withdrawal suicides were each defined by the use of different suicide methods as well as the cultural meanings ascribed to them. However, if protest suicides sought to engage directly with the relational contexts of problems, escape or withdrawal suicides sought to reject them (and life and its troublesome attachments) altogether. As will now be seen, these understandings are also reflected in the three established readings of the Sri Lankan suicide rate that exist in the literature.

Reading the Sri Lankan suicide rate

Like other suicide rates, the Sri Lankan suicide rate has been used to index the wellbeing of the nation. This has either been directly, through sociological analyses of the suicide rate, or indirectly, by using the suicide rate to argue some other point. For example, Obeyesekere[41] has often used the suicide rate to support his arguments about religious change, claiming that it demonstrates how levels of youth frustration during the twentieth century have been rising in the country, leading to both more suicides and also the surging popularity of devotional religiosity. Suggesting that traditional village support mechanisms were disappearing, Obeyesekere argued the Buddhist appropriation of Hindu deities offered disenfranchised

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[38] Widger, Suffering, Frustration and Anger

[39] Marecek, J. & C. Senadheera. (2012). 'I Drank It to Put an End to Me': Narrating Girls' Suicide and Self-Harm in Sri Lanka. In Staples, J. (ed.) *Suicide in South Asia: ethnographic perspectives.* Special issue of *Contributions to Indian Sociology*, **46(1-2)**: 53-82

[40] Taylor, *Durkheim and the Study of Suicide*

[41] Obeyesekere, G. (1975a). Some Comments on the Social Backgrounds of the April 1971 Insurgency in Sri Lanka (Ceylon). *Journal of Asian Studies* **33(3)**: 367-384; Obeyesekere, G. (1975b). Sorcery, Premeditated Murder and the Canalization of Aggression in Sri Lanka. *Ethnology* **14(1)**, 43-63; Obeyesekere, G. (1977). Social Change and the Deities: Rise of the Kataragama Cult in Modern Sri Lanka. *Man* (N.S) **12(3&4)**: 377-396; Obeyesekere, G. (1978). The Fire-Walkers of Kataragama: The Rise of Bhakti Religiosity in Buddhist Sri Lanka. *Journal of South Asian Studies* **37(3)**: 457-476; Gombrich & Obeyesekere, *Religious Change in Sri Lanka*

youth a renewed sense of belonging. The stock sociological reading of the Sri Lankan suicide rate has followed in this vein.

The social reading of the suicide rate

This reading of the suicide rate has long defined both academic and lay understandings of Sri Lanka's suicide problem. At base, the reading understands suicide as a response to anomy in the classic sense that Durkheim proposed. The argument goes something like this:

> *The suicide rate is a more-or-less accurate picture of the number of people in a population choosing to end their own lives. Fluctuations in the suicide rate are the result of changing social conditions that give rise to suicidal behaviour. In Sri Lanka, these conditions are often created by mismatches between expectations and realities, particularly amongst youth.*

The earliest studies that read the Sri Lankan suicide rate in this way were published during the 1950s and 1960s.[42] Straus and Straus[43] and Wood[44] argued that the rising number of suicides could be attributed to the effects of modernisation and urbanisation upon traditional caste and kinship structures. They attributed the apparent clustering of suicides in the rural Kandyan provinces to disputes between parents and children over changing marriage practices in the face of spreading 'Western' ideals of romantic love. During the 1980s, Kearney and Miller[45] analysed what they described as the 'spiral of suicide'[46] between the years 1950 and 1978. Given the fact that suicide rates as a whole had increased across the island regardless of gender, age, and geographical region, Kearney and Miller[47] suggested country-wide 'fundamental forces' to be at work. They cited four common experiences of: (1) rapid population growth; (2) expansion of education opportunities; (3) growing unemployment; and (4) internal migration, as probable causal factors.[48]

The fundamental premises of these social change readings have proved enduringly popular in academic thought and are also expressed by large swaths of people in Sri Lanka today. Similar theories are also very popular amongst ordinary Sinhalese, who argue that society, community, and family are breaking down under the pressures of modern life. In Madampe suicide rates were highest amongst the Buddhists but lowest amongst the Muslims. When I asked why this was so, most people pointed to what they considered to be the integrative strength of Muslim worship compared with the lackadaisical approach of the Buddhists. The high suicide rate within the Buddhist community was associated with nationalistic concerns that 'Sinhala Buddhist culture' (*sanskrutiya*) is being destroyed.

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[42] A good review of the sociological and anthropological literature on suicide in Sri Lanka was published as this article was going to press – see De Alwis, M. (2012). 'Girl still burning inside my head': Reflections on suicide in Sri Lanka, in J. Staples (ed.) *Suicide in South Asia: Ethnographic Perspectives*, Special Issue of *Contributions to Indian Sociology*, **46(1&2)**, 29-51

[43] Straus, J. H. & M. A. Straus. (1953). Suicide, Homicide, and Social Structure in Ceylon. *The American Journal of Sociology* **58(5)**: 461-469

[44] Wood, A. L. (1961). Crime and Aggression in Changing Ceylon. A Sociological Analysis of Homicide, Suicide, and Economic Crime. *Transactions of the American Philosophical Society* (N.S.) **51(8)**

[45] Kearney & Miller, The Spiral of Suicides and Social Change in Sri Lanka; Kearney, R. M. & B. D. Miller. (1987). *Internal Migration in Sri Lanka and its Social Consequences*. Westview Press: Boulder; Kearney, R. M. & B. D. Miller. (1988). Suicide and Internal Migration in Sri Lanka. *Journal of Asian and African Studies*. **23(3-4)**: 287-304

[46] Kearney & Miller, The Spiral of Suicides and Social Change in Sri Lanka, pp. 81

[47] Ibid.

[48] Also see Silva, K. T. & W. D. N. R. Pushpakumara. (1996). Love, Hate, and the Upsurge in Youth Suicide in Sri Lanka: Suicide Trends in a Mahaweli New Settlement. *Sri Lanka Journal of Social Science* **19(1&2)**: 73-92

Several academic writers too have referred to the 'disappearing village' of traditional, rural Sri Lanka, and the creation of an anomic and suicidal population in its stead.[49]

Although being well supported by the evidence relating to the economic, social, and political turbulence that Sri Lanka has suffered since Independence, the social theory does have problems. First, any statistical data relating to suicidal behaviour is prone to bias. From the always uncertain diagnosis of a lethal injury as being self-inflicted to the final classification of the cause of death, medics and law enforcement officers may unwittingly or wittingly posit homicide to be suicide, suicide to be homicide, accident to be suicide, and so on. After this, suicide data held by local, regional, or national public institutions may be lost or stored inappropriately, or otherwise misreported to the department responsible for collating national suicide statistics. In Sri Lanka, this problem is especially pertinent. On the one hand, large parts of the north and east of the country were until a few years ago under rebel hands, and no suicide data has been collected from those areas for decades, skewing 'national' data. But by the same token, over the years since Independence the administrative reach of the state has broadened and deepened in government-controlled areas, meaning that the collection of suicide data from the local level has got better too. Fluctuations in the rate may then reflect changes in recording bias and expansions and improvements in recording techniques.[50]

Secondly, and related to this, is the inter-cultural and cross-cultural variation in how people classify 'self-inflicted' death at all. For example, Willerslev[51] has argued that what are officially classified as suicides among the Chukchi of Northern Siberia are, in fact, better understood as blood sacrifices. In India, according to Laidlaw,[52] the Jain practice of fasting to one's own death is considered to be a good death, and quite different from other kinds of self-inflicted deaths that *are* definable as suicide. In Palestine meanwhile, 'suicide bombing' is not considered to be suicide at all but rather 'martyrdom,' while 'everyday' kinds of self-killing are classified as suicide.[53] And self-enacted euthanasia, many people would argue, is an acceptable release from pain and suffering, which cannot be equated with the self-inflicted death of a well person. Nevertheless, many of these kinds of self-killing may find their way into suicide statistics.

In Sri Lanka several of these problems apply. Lay persons' withdrawal from the world in later life, a Buddhist practice, may lead to self-neglect and ultimately 'suicide' in the Jain sense. As I have suggested there is at least a family resemblance between Buddhist withdrawal and withdrawal suicide, in that both are concerned with the giving up of this-worldly attachments. Moreover, in Buddhist Madampe too there is a widespread acceptance that both young and old people suffering from incurable illnesses, including those that are not terminal, might 'legitimately' kill themselves in order to be reborn a healthy person. There is little fear of being reborn a lower being because suicide is not regarded as much of a sin and any de-merit (*pav*) accrued can be removed during merit-giving (*pin denava*) ceremonies. More generally, there is a strong sense in which some kinds of suicide might be better

[49] For examples see Gombrich & Obeyesekere, *Buddhism Transformed*, pp. 67-69; Morrison, B. M., Moore, M. P., & M. U. Ishak Lebbe. (1979). *The Disintegrating Village: Social Change in Rural Sri Lanka*. Lake House Investments: Colombo; Sarkar, N. K. & S. J. Tambiah. (1979). *The disintegrating village. Report of a socioeconomic survey conducted by the University of Ceylon*. University of Sri Lanka: Colombo Campus. Also see Spencer (1992) for a criticism of this work.

[50] For an ethnographic description of this process see Dabbagh, N. T. (2005). *Suicide in Palestine. Narratives of Despair*. New York: Olive Branch Press

[51] Willerslev, R. (2009). The optimal sacrifice: a study of voulntary death among the Siberian Chukchi. *American Ethnologist* **36(4)**: 693-704

[52] Laidlaw, J. (2005). A Life Worth Leaving: Fasting to Death as Telos of a Jain Religious Life. *Economy and Society* **34(2)**, 178-199

[53] Dabbagh, *Suicide in Palestine*

understood as accidental death because although the person had indeed deliberately harmed themselves their intention was not to die. At the very least, Durkheim's[54] definition of suicide, as 'all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result,' is hugely problematic in Sri Lanka.

Finally, the contraction in the suicide rate poses problems for the social reading. The 'fundamental forces' Kearney and Miller identified do not appear to have diminished since 1995, and in some cases may have actually got more serious. In particular, the mismatch between educational and career aspirations and economic realities has shown no sign of reducing, and internal migration has been replaced by massive levels of external labour migration to the Persian Gulf and other countries, in what is an arguably more socially disruptive phenomenon than internal migration ever was.[55] When these caveats are considered, it becomes less clear why in 1996 the suicide rate suddenly dropped.

The methodological reading of the suicide rate

However, the methodological reading of the suicide rate, proposed throughout a number of studies published by medical epidemiologists interested in preventing agrichemical and plant toxin poisonings in the country, accounts for both the spiral and the decline. The fundamental idea is this:

> *The suicide rate is not just constituted by cases of intentional suicide but also cases of deliberate self-harm that have 'gone wrong.' Fluctuations in the suicide rate reflect the number of cases of deliberate self-harm that accidentally result in death. The accidental death rate may fluctuate due to the spread of new methods of self-harm that display greater lethality than traditional methods, the control of existing methods, improvements in or access to medical treatments, and so on.*

In the methodological reading of the suicide rate the link between intent and outcome (cause and effect) is broken. Simply, we do not know how many people who kill themselves 'really' meant to die. The suicide rate contains a number of cases that 'in reality,' were it not for the similarities between methods of suicide and methods of self-harm, would perhaps be better defined as 'accidental death.' This was certainly the case in Madampe where protest suicides – acts of 'intentionally non-fatal self-harm' – were not thought of as being about death but rather about life, and as a means of shaping future outcomes. Any rise or fall in the suicide rate may then be due to changing methods of self-harm that increases or decreases the suicide rate.

For example, Eddleston and Phillips[56] have argued that many apparently self-inflicted deaths in Sri Lanka are better understood as the unintended outcome of intended acts of non-fatal self-harm. They suggest that the increase in the suicide rate since the 1960s was almost entirely due to an increase in pesticide and fertiliser poisonings. Pesticides and fertilisers became widespread in Sri Lanka following the Green Revolution and the introduction of agrichemicals into farming. It is highly probable that a switch from less toxic (or more treatable) to highly toxic (and more lethal) forms of self-harm took place, increasing the death rate. In a second study, Eddleston *et al*[57] reported on the growth in popularity of *känēru* (yellow oleander) poisoning. Although the *känēru* plant is native to Sri Lanka, its use in

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[54] Durkheim, *Suicide*, pp. 44
[55] Gamburd, *The Kitchen Spoon's Handle*; Widger, *Self-harm and self-inflicted death*, chap. 7
[56] Eddleston, M. & M. R. Phillips. (2004). Self-poisoning with pesticides. *British Medical Journal* **328**, 42-44
[57] Eddleston *et al*, Epidemic of self-poisoning, 266-273

suicidal behaviour had been traditionally rare. Then, in 1980, two Jaffna schoolgirls committed suicide by swallowing *kānēru* seeds, and the story was reported widely in the media. Following this further cases of *kānēru* poisoning began to appear. In 1981 the Jaffna City Hospital admitted twenty-three cases of *kānēru* poisoning, followed by forty-six in 1982, and 103 in 1983.[58] By the end of the decade thousands of cases were being admitted to hospital island-wide.

Meanwhile, the contraction of the suicide rate has been associated with the introduction of practical measures taken to regulate the more toxic pesticides in the country.[59] According to Gunnell *et al*,[60] restrictions placed on the import and sale of WHO Class 1 toxicity[61] pesticides in 1995 and endosulfan in 1998 coincided with reductions in suicide in both men and women of all ages. Jeanne Marecek (pers. comm. 2004) suggests that since a government review of suicide in 1996, first aid treatments for pesticide and *kānēru* poisoning at hospitals has been improved, and the representation of suicidal behaviour in the media has been limited, possibly reducing the 'copy-cat effect.' In addition, the Sri Lankan suicide prevention charity 'Sumithrayo' has cited improved infrastructure, communications, and increased accessibility to private transport as combining to bring first aid centres within reach of even the most isolated rural communities (Lakshmi Rathnayeke, pers. comm. 2006).

But with the death rate falling, the self-harm rate has shown a corresponding increase. Professor Ravindra Fernando of the University of Colombo recently proclaimed self-poisoning 'a modern epidemic in Sri Lanka'.[62] In 2006, 4,504 people committed suicide,[63] but, according to the Sri Lankan National Poisons Information Centre, some 93,733 people were admitted to hospital for *kānēru* poisoning that same year.[64] According to the UN Office for the Coordination of Humanitarian Affairs, '[s]tate hospitals have seen a 300 percent increase in the number of patients being admitted with symptoms of poisoning in the last 20 years, but health professionals believe the figure could be much higher.'[65] De Silva *et al*[66] have shown how annual admissions for medicinal drug poisoning increased from 48.2 to 115.4 per 100,000 population between 1996 and 2008. Over the same period annual pesticide poison admissions fell from 105.1 to 88.9. Similarly, poisoning accounted for 37.4 suicides per 100,000 in 1995 but only 11.2 in 2009. De Silva *et al*[67] suggest that the suicide rate from poison has fallen due to this trend away from pesticides towards medicinal drugs, which have a lower fatality rate.

The suicide rate may then chart the introduction and subsequent withdrawal of pesticides and fertilisers and improvements in medical treatments as much as it does the 'fundamental forces' of social change. If correct, these studies imply a rather interesting problem. For the suicide rate to have risen and fallen in the way it has done, people in Sri Lanka must have been *attempting* suicide at high rates prior to the spiral, as well as during the

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[58] Saravanapavanathan & Ganeshamoorthy (1988), cited in Eddleston *et al* (1999)

[59] Roberts, D. M., Kularathna, A., Buckley, N. A., Manuweera, G., Rezvi Sheriff, M. H., & M. Eddleston (2003). Influence of pesticide regulation on acute poisoning deaths in Sri Lanka. *Bulletin of the World Health Organisation* **81(11)**: 789-798

[60] Gunnell, D., Fernando, R., Hewagama, M., Priyangika, W. D. D., Konradsen, F., & M. Eddleston, M (2007). The impact of pesticide regulations on suicide in Sri Lanka. *International Journal of Epidemiology*, **36(6)**: 1235-1242

[61] See http://www.who.int/ipcs/publications/pesticides_hazard/en/ for further information.

[62] IRIN, *Sri Lanka: Suicide rate drops, but more people using poison*

[63] Sri Lanka Police Service (2006). *Crime Trends*. http://www.police.lk/divisions/crimetrends.asp (accessed 1 June 2009)

[64] IRIN, *Sri Lanka: Suicide rate drops, but more people using poison*

[65] Ibid.

[66] De Silva *et al*, From pesticides to medicinal drugs, pp. 40-46

[67] Ibid.

contraction. And indeed the cultural reading of the suicide rate – backed up by some very suggestive if partial historical evidence – suggests exactly that.

The cultural reading of the suicide rate

This reading stems from the notion that there might be contexts and conditions within and under which it is 'culturally appropriate' to use suicidal behaviour. Changes in the 'culture of suicide' may have effects on the suicide rate:

> *The suicide rate is constituted by cases of intentional suicide and also cases of deliberate self-harm that accidentally result in death. Fluctuations in the suicide rate not only reflect social and suicide methodological changes but also changes in the way that individuals within a population may legitimately respond to their problems using suicide. Fluctuations may reflect a changing 'culture of suicide' over time.*

In certain respects the cultural reading shares similarities with Durkheim's theory of altruistic suicide, in that it assumes society 'compels' individuals to suicide by the nature of its 'rules.' However, there is nothing about this view that depends on the presence of 'high levels' of moral regulation as Durkheim would insist, and nor is it limited to small-scale societies. Rather, the cultural reading considers how popular ideas of suicide in society shape the patterns and meanings of suicidal behaviour and directs action, both consciously and unconsciously.[68]

Travellers and colonists in Ceylon had long commented on the phenomenon of self-poisoning and other kinds of self-harm in the island, which, like modern-day protest suicides, were apparently used to bring damage against an adversary. In 1660, Robert Knox, an employee of the British East India Company, was captured and held by the Kandyan kingdom for twenty years. Knox kept detailed and fascinating descriptions of everyday life which he observed, and upon his escape published. Knox[69] reported that under Kandyan law, a suicide by those considered 'of sound mind' was seen to be the fault of other people, who were accused of having failed in their duty of care. In some cases it seems that entire villages were fined for neglect, although more commonly specific individuals were held to account. Later in his book, Knox[70] also tells us that Kandyans possessed 'excellent skill' in the healing of poisons such as *neiingala*, a wild plant, suggesting that once the debt or other duty had been agreed to be paid, a remedy for the poison was administered. If so, then such protest suicides may rarely have been fatal, and instead performed with the express intent of motivating another into action. Similarly Amerasinghe[71] suggests that suspected suicides were referred to the *sake-ballanda* (coroner court) for ruling, upon whose judgement culpability for a suicide was established.

The character of Knox's protest suicides later appealed to the British, who also reported instances of debt collection using suicide threats. In 1821 the London *Morning Post*

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[68] For examples see Counts, D (1991). Suicide in Different Ages from a Cross-Cultural Perspective. In Leenars, A. A. (ed.). *Life Span Perspectives of Suicide. Time-Lines in the Suicidal Process*. London: Plenum Press, pp. 215-228; Kral, M. J. (1998). Suicide and the Internalization of Culture: Three Questions. *Transcultural Psychiatry* **35(2)**: 221-233; Widger, Suicide and the Morality of Kinship in Sri Lanka; Widger, Suffering, Frustration and Anger

[69] Knox, R. (1981 [1681]). *An Historical Relation of Ceylon*. Colombo: Tisara Prakasakayo Ltd, pp. 267

[70] Ibid. pp. 283

[71] Amerasinghe, A. R. B. (1999). *The Legal Heritage of Sri Lanka*. Colombo: The Royal Asiatic Society of Sri Lanka, pp. 306

carried a story concerning the 'Treatment of Debtors in Ceylon,'[72] which included such a reference:

> *Frequently the creditor will go to the person indebted to him, and say he will poison himself, unless he pays him directly. Instances have occurred of such threats being put into execution, and the debtor, who is considered the cause of his creditor's death, also forfeits his life.*

In 1833, Sir John D'Oyly,[73] an administrator of the colony, wrote that amongst the Ceylonese suicide was 'easily provoked…[by]…slander, non-payment of debt, damage to crops, and thwarted love affairs.' In 1869, G. W. R. Campbell,[74] Inspector-General of Police, expressed a concern that '112 persons…put an end to themselves in the Island [this year]... It would be well to issue a circular to all coroners, directing them to give the causes so far as it can be ascertained, for committing suicide.' Later, in 1902, H. R. Freeman,[75] administrator of the Chilaw District in the Northwest Province of Sri Lanka, commented that 'attempt to commit suicide' was 'a rather prevalent offence,' and that 'would-be suicides generally want pulling together by the tonic of hard work.' Although more work needs to be done to explore the relationship between suicide and colonialism in Ceylon, it would nevertheless appear that the 'contemporary self-harm epidemic' is probably quite ancient.[76]

Finally, cultural readings of protest suicides have been provided by several scholars including Spencer,[77] Marecek,[78] Hewamanne,[79] and myself.[80] Spencer[81] posited that suicide arose as a response to problems when the parties involved were hierarchically unequal. Inferiors daren't respond to perceived wrong-doing by superiors, because under normal circumstances the nature of their relationship disallows direct confrontation; suicidal behaviour thus provides a culturally appropriate means of expressing anger and frustration. Similarly, Marecek[82] has argued that suicidal behaviour provides people with different ways of challenging power inequalities and abuses in their lives. Taken together with my own discussion of suicide in Madampe, the cultural reading of the suicide rate suggests that certain people under certain conditions may be compelled to suicidal behaviour by their status within the world.

However, these cultural readings are really only the beginning of the story. The scholars I cite have, in the main, looked at protest suicides; withdrawal suicides have been neglected. Yet in Madampe not everybody believed in the functional efficacy of protest

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[72] 'Treatment of Debtors in Ceylon,' *The Morning Post* (London, England), Saturday, December 01, 1821; Issue 15823. 19th Century British Library Newspapers: Part II.

[73] D'Oyly, J. (1929). *A Sketch of the Kandyan Kingdom*. Colombo: Cottle, pp. 37-80

[74] *Administration Report of the Government of Ceylon, 1869*. Sri Lanka National Archives, Colombo. S3, pp. 232

[75] *Administration Report of the Government of Ceylon, 1902*. Sri Lanka National Archives, Colombo. S3, pp. G24

[76] See: Widger, Suffering, Frustration and Anger; Widger, T. (n.d). *Colonial Encounters with Suicidal 'Others': The British in Ceylon*, paper presented at the Association of Social Anthropologists (ASA) annual meeting in New Delhi, India, 5 April 2012

[77] Spencer, J. (1990a). Collective Violence and Everyday Practice in Sri Lanka. *Modern Asian Studies* **24(3)**, 603-623; Spencer, *A Sinhala Village in a Time of Trouble*

[78] Marecek, J. (1998). Culture, gender and suicidal behaviour in Sri Lanka. *Suicide & Life Threatening Behaviour* **28**: 69-81; Marecek, J. (2006). Young Women's Suicide in Sri Lanka: Cultural, Ecological, and Psychological Factors. *Asian Journal of Counselling*, **13(1)**: 63-92

[79] Hewamanne, Suicide Narratives and In-Between Identities among Sri Lanka's Factory Workers

[80] Widger, *Self-harm and Self-inflicted Death*; Widger, Suicide and the Morality of Kinship in Sri Lanka; Widger, Suffering, Frustration and Anger

[81] Spencer, Collective Violence and Everyday Practice in Sri Lanka

[82] Marecek, Culture, gender and suicidal behaviour in Sri Lanka; Marecek & Senadheera, 'I drank it to put an end to me'

suicides, and only certain kinds of people tended to perform them. Withdrawal suicides were also very prevalent and furthermore as deeply embedded in the cultural and religious histories of protest and withdrawal I have described. Why, then, did protest suicides and withdrawal suicides manifest and distribute in the Madampe population in the ways that they did?

Towards a fourth reading: affinities for suicide

What scholars have for analytical purposes separated into social, methodological, and cultural readings of the suicide rate are in reality, of course, best understood as composite. In Sri Lanka social changes, for example the Green Revolution, led to methodological changes as well as cultural changes in suicidal behaviour, as a new political economy brought about shifts in the nature and structure of social groups and classes in both rural and urban society. Similarly, methodological changes reflected cultural changes, as popular methods of suicide, for example by swallowing *kānēru* or pesticides, entered the popular imagination and replaced older, less lethal methods like *neiingala*. In turn, the use of pesticides later declined in favour of medicinal drugs, a pattern which may also reflect a shift towards more suicides in urban areas, or more suicides amongst the sons and daughters of cultivators, who through educational opportunities are more distant from the land and its toxins. The decline of female suicide in Madampe may be a reflection of women's greater use of overseas migration or suicidal jokes and threats as a response to problems, rather than any particular transformation in their subject positions more generally. Social, methodological, and cultural factors thus came together, at certain moments and under certain conditions, to create the 'perfect storm' of motives, methods, and meanings: what Staples,[83] drawing from Ian Hacking,[84] has called a 'suicide niche.'

But none of this, I submit, is random. Social, methodological, and cultural changes only coalesce to produce suicidal behaviours in *morally appropriate* contexts: when people might have affinities for suicide. By affinities for suicide I mean beliefs that suicidal behaviour, whatever its precipitating motives, methods, or meanings, is caused by certain kinds of problems and have certain kinds of consequences, and that those causes and consequences are significant in the here and now. At the most general level these causes are obvious and speak only to the fact that life is 'not worth living,' or at least is worth risking, because the consequences of suicide are 'better.' But at a deeper level, affinities for suicide also reflect worldly dispositions: people's ideas about the causes and consequences of things in the world, be they mundane or profane, this-worldly or other-worldly, and how people perceive their abilities and scope to react to them. When set in conditions of change, the affinities reading of the suicide rate illustrates how it may have fluctuated as members of different social groups and classes came to hold beliefs that suicidal behaviour might be an efficacious solution for them. The affinities reading of the suicide rate that I wish to propose is, then, a Weberian reading, in that I find it useful to think of this in terms of Weber's arguments about affinities for religion.

Weber's theory of religion is well known. Weber[85] argued that affinities for different kinds of religious practice reflected social groups' and classes' 'ideas and interests' in the world. He most famously applied this theory to the study of Protestantism and capitalist development, arguing that the two were mutually constitutive of one another. While the

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[83] Staples, J. (2012). The suicide niche: accounting for self-harm in a South Indian leprosy colony, in J. Staples (ed.) *Suicide in South Asia: ethnographic perspectives.* Special issue of *Contributions to Indian Sociology (CIS),* **46(1&2)**: 117-144

[84] Hacking, I. (1998). *Mad Travellers. Reflections on the Reality of Transient Mental Illnesses.* University of Virginia Press

[85] Weber, M. (1991 [1922]). *The Sociology of Religion* (translated by E. Fischoff), Boston: Beacon Press

Calvinist doctrine of predestination helped to legitimate the middle classes' accumulation of financial and political capital, their piety also encouraged hard work and sacrifice. Successful Protestants had, then, both themselves and God to thank. Conversely, Weber pointed out, labouring classes had little interest in predestination, as their menial position in society would suggest divine disfavour: an unenviable situation. Rather, they were more likely to reject religion altogether and turn to atheism, as for them greater gains could be achieved through ideologies such as socialism. The point that I wish to take from Weber is that material conditions shape ideas about the world while ideas also shape material conditions, and that this principle can be applied to any social action.[86]

The Weberian reading turns the Durkheimian reading on its head. Rather than individuals committing suicide because they have lost their moorings in society, the Weberian reading suggests that individuals may come to commit more or less lethal kinds of suicide as their beliefs in the causes and efficacy of things, including suicide and its possible motives, methods, and meanings, change. Individuals find themselves in positions in which non-lethal or lethal kinds of suicidal behaviour become an efficacious possibility. The determinism of Durkheim's 'suicidogenic current' is removed and replaced by a more dynamic set of social processes that allow for the interplay of material conditions and ideas – as well as social structure and subjectivity – and thus bestow the suicidal person with a great deal more agency than sociological and psychological theories usually allow. To summarise: suicide rates are not simply indexes of societal wellbeing but also reflect the waxing and waning of affinities for different motives, methods, and meanings of suicidal behaviour.

Exploring affinities for suicide in Madampe

In the final section of this article I will illustrate what I mean by the coalescing of motives, methods, and meanings leading to public or private suicidal acts of varying lethality and outcome. In so doing I will aim to show how only for some sections of Madampe society do motives, methods, and meanings happen to coalesce into a perfect storm or suicide niche. This might be when problems are understood as being caused by things in the world that are susceptible to some kind of suicidal influence, or when withdrawal through suicide might be considered a morally appropriate line of action to take. Recall that in Madampe *puraṇa* people were especially likely to ascribe the causes of problems to market or political alienation, while conversely *estate* people tended to ascribe causes within relational disputes. Affinities for suicide amongst *puraṇa* people tended to favour acts performed to withdrawal from the impersonal, egoistical world, whilst amongst *estate* people they favoured acts performed to engage with and transform the relational world. The first case I discuss is an act of protest, the second an act of withdrawal. The first has been published before, but here I reanalyse it within the Weberian reading I am suggesting.

In 'Suicide and the morality of kinship in Sri Lanka,'[87] I discuss the self-harm of Pradeep, a 42 year old Sinhala Buddhist man living at Alutwatta. Pradeep had been working in Italy for a number of years when upon his return he began quarrelling with his wife's brothers (*massinā*), who complained Pradeep was failing to share his new-found wealth with them, and said that it was a shame (*läjja*). As I have suggested, the settlement history of Alutwatta made it particularly conducive to the development of strong kinship ideologies and networks, and accordingly rich relatives obtain a duty of care for poorer relatives which is difficult to ignore. In that sense, when Pradeep swallowed poison to protest against his *massinā*'s badgering and shaming of him, the motive was a clear reflection of social changes

[86] Swidler, A. (1993). Foreword. In M. Weber, *The Sociology of Religion* (translated by E. Fischoff), Boston: Beacon Press
[87] Widger, Suicide and the Morality of Kinship in Sri Lanka, pp. 109-110

in Sri Lanka created by the economic and social inequalities brought about by international labour migration within families and communities.

But secondly, Pradeep did not attempt to hang himself, which everybody in Madampe knows is a near-certain cause of death. Instead he swallowed Panadol, a paracetamol that is widely available from *kadi* (small roadside boutiques) in rural Sri Lanka. As de Silva *et al*[88] have demonstrated, the fatality rate from such overdoses is low when compared with agrichemicals and *kānēru*, and the clinicians who interviewed Pradeep suggested that he only displayed 'a low intent to die.' Yet Pradeep's use of Panadol was also as likely to be a matter of opportunity and convenience as it was of rational choice. Without access to pesticides or fertilisers, with kerosene kept in the kitchen – a female domain, and the reason women tend to display greater use of that method of self-harm in Madampe [89]– and with no *kānēru* plants in his garden, Panadol was one of only a few options available to him. Pradeep's choice of poison may have been deliberate, but his specific use of Panadol – and thus greater chance of surviving – was probably rather more circumstantial.

Thirdly, then, motives and methods combined with the meanings of Pradeep's actions. His self-harm was committed within what is a classic context of suicidal behaviour in Sri Lanka: kinship disputes leading to shame leading in turn to a rejection of that shame and its transferral onto those who are deemed responsible for causing it (Widger 2009: chap. 5). By swallowing poison Pradeep made a very public declaration about what he considered to be the unfair demands of his *massinā*, who as his wife's brothers were socially subordinate to him and so in no place to be making such demands (Stirrat 1982). And indeed having been shamed by Pradeep's act of self-harm, in the aftermath of the event the *massinā* dropped their claims. Thus, in this instance in Alutwatta, where personal problems are routinely described as being caused by relational disputes, motives, methods, and meanings coalesced to create for Pradeep a suicidal act that was efficacious for him. As an act of protest it was widely understood and considered by many Alutwatta people I spoke with as being a fair response to his problems under the circumstances, and one that was ultimately assumed to be effective in its outcomes.

The second case I describe is drawn from Udagama, and shows how notions of withdrawal from an impersonal world infuse suicidal practices. It concerns a 50 year old Sinhala Buddhist man named Hector, a lower-level government servant who hung himself in the main room of the house while his wife and mother cooked rice and curry in the kitchen at the back of the house. By the very fact of its being interpreted as a withdrawal suicide by Udagama people, analysis of the case is somewhat more precarious than that of Pradeep's protest suicide. As mentioned, withdrawal suicides are committed privately and quietly and without any explicit intention of transforming social relations; indeed, they are often best understood as seeking to preserve the social order.[90] Wide knowledge about, and importantly discussion of, such suicides are often explicitly not advocated. As such, I first encountered Hector's case during my review of coroners' files held at Kuliapitiya Magistrates Court, and only then through specific inquiries conducted at Udagama.

Let me begin by relating the case as I first discovered it, which is to say through the witness statement and suicide note contained in the coroner's report. Such data are admittedly sparse when compared with the rich materials produced by ethnographic work, but witness statements and suicide notes have been analysed to great effect by Ben Fincham *et al*[91] in their study, *Understanding Suicide: A Sociological Autopsy*. Fincham *et al*[92] have argued that

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[88] De Silva *et al*, From pesticides to medicinal drugs
[89] See Widger, *Self-harm and Self-inflicted Death*, chap. 3
[90] Widger, Suffering, Frustration and Anger
[91] Fincham *et al*, *Suicide*
[92] Ibid.: pp. 39

a 'dual paradigm' approach is suitable when reading such data: case materials are objective in the sense of them saying something about suicidal acts in the world, but also subjective as they form parts of the discursive field that 'make up' suicidal people and suicidal knowledge.[93] First, then, the witness statement, taken from Hector's wife, sets the scene:

> *He drinks arrack. He had threatened suicide before and had attempted suicide before but was stopped by family members. The day of the suicide I went to meet a neighbour, when I came back it was about 4.30pm. At that time he was drunk. I went to the kitchen to begin making supper. His mother was with me. My husband came to the kitchen twice. After I had finished cooking I opened the door of his room but he was not there. I found him hanging from a beam in the sitting room. One leg was on the table, the other hanging down. I ran to the kitchen and came back with a knife and cut him down. I couldn't hold him and he fell to the ground. He was still alive at that time. The neighbours came to the house and he was taken to the hospital...At 7.30 pm he was pronounced dead.*

Next, Hector's suicide note provides the deceased with a voice of his own:

> *Dear* nanda *[wife], my life is over. Don't be sad. Don't tell anyone about my life. Protect* amma *[mother]. Don't tell* amma. *Don't tell* nangi *[younger sister]. Don't tell anyone that I'm dead. If* amma *asks about me don't tell that I am dead, tell her that I am at home. My* amma *and* duwa *[daughter] please be happy, I'm always with you. From Dear* tatta *[father]*

The features of the case upon which I wish to draw are contained especially within the suicide note and the reception that Hector's death received at Udagama. Although only a few sentences long, Hector's suicide note was clear that he wished his death to have no repercussions, and that his death should be kept a secret. Completely absent are the accusations so prevalent within protest suicides, where public reception, debate, and response are all.

So how can Hector's suicide be understood in terms of its motives, methods, and meanings? Little is given away in the coroner's file. We know that Hector was drunk at the time of his death, and considered a drunkard (*bebaḍa*) by his wife: 'He drinks arrack,' she said, a claim that is synonymous with alcoholism. It is possible that Hector had been scolded by his wife or mother for drinking, which precipitated the act. Hector hung himself in the house where he would certainly be found by a family member, and indeed that others were present in the next room raises questions as to whether Hector's intent to die was absolute, given rapid discovery was inevitable. Yet drinking amongst men of Hector's age and profession is also extremely prevalent in Madampe, and usually accompanied by wives' complaints about financial costs and health risks. To be scolded for drinking is considered part and parcel of the drinking experience, and simply adds to its allure.[94]

But Udagama people I spoke to also thought that Hector was having problems at work, although no one could give me specifics. This was in fact a common issue at Udagama, where people framed the sources of their problems within the opaque world of national politics and economics, not local level relations. A common refrain to be heard amongst Udagama men is that the sufferings of life are caused by the macro-level forces not unlike those described by Kearney and Miller.[95] If Hector had indeed committed suicide fatalistically in response to work-related issues, it was correct for him to absolve his family of any responsibility, as his suicide note clearly tried to do. Thus in this instance, in the context of Udagama where the causes of problems are located beyond household and family networks, Hector's suicide can be understood as a quiet act of withdrawal. Hector's suicide had never been spoken of by Udagama people until I came across it in the coroner's files, and

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[93] See Hacking, The looping effects of human kinds
[94] See Widger, *Self-harm and Self-inflicted Death*, chap. 7
[95] Kearney and Miller, The Spiral of Suicide and Social Change in Sri Lanka

actively began asking questions. Similarly, for Hector's family no particular village discourse sought to lay blame or attribute shame, and they were left to grieve his death on their own.

These two case studies have of course been selected because they illustrate the ways in which *puraṇa* and *estate* status and social class combine to create particular configurations of suicide motives, methods, and meanings. Yet by presenting them in such terms, I hope to have shown how individual acts of suicide at the local level have significant effects on suicide rates at the national level. By reading suicidal behaviour as a coalescing set of conditional and contextual factors that create affinities for certain kinds of suicidality amongst certain social status groups and classes of people – here demonstrated in relation to men but in my other publications in relation to women as well – we can begin to interpret suicide statistics not simply as a barometer of 'social change' but also a set of economic, political, environmental, historical, and cultural configurations that act and react in response to each other. How these actions and reactions manifest and change across contexts and time is surely a crucial question, and one that I have only just begun to explore here.

Conclusion

In this article I have argued suicide rates tell us much more about societies than their relative levels of wellbeing: they also tell us about the affinities that people have for different motives, methods, and meanings of suicidal behaviour. In Sri Lanka, the evidence exists for us to be able to map this in some detail, so that social, methodological, and cultural changes can be seen as coming together to create a 'perfect storm' that first led to the upward spiralling of the suicide rate but then, once one factor, the methodological, had been changed, towards its contraction. The first lesson that should be taken away from this is that suicide rates do not provide a quick and easy barometer of social conditions or social change, and can also tell us about, at least, suicide methods and cultures.

On the basis of my ethnographic evidence I proposed a composite reading to accommodate this: that of affinities for suicide in conditions of *moral* change. Different social groups and classes in Madampe hold different beliefs about what kind of behaviour suicide is, how it might be performed, and of what kinds of causes and consequences it can have. Reflecting their material interests and ideas more broadly, higher status, middle class people have affinities for withdrawal suicide while lower status, working class people have affinities for protest suicide. It is in how material interests and ideas coalesce to make suicidal behaviour of different kinds an efficacious response to lived problems that accounts for the prevalence of self-inflicted death in one community or demographic group, or self-harm in another. Similarly, gender analyses suggest that women may have developed alternatives to suicide in the form of verbal suicide threats and gestures or international labour migration. So while suicide continues to hold relevance for men, it no longer does for women.

The Weberian reading thus also suggests that we need to develop time-sensitive readings of suicide rates. It may be that methodological, social, and cultural changes have short, medium, and long term effects. The rapid rise and fall of the suicide rate during the second half of the twentieth century is still best explained through recourse to the methodological reading. But medium term social changes – for example the development of international labour migration during the last two decades of the century – shifted female suicidalities in one direction, whilst shifting those of men in another. And if, as I have argued, a self-harm endemic has underwritten the contemporary suicide epidemic, deep structural changes affecting suicidal dispositions and the perceived efficacies of *wāha bonnāva and känēru bonnāva* must also have an effect on the suicide rate. As the Sri Lankan middle class continues to grow, it is entirely possible that less people will come to think of self-harm as a functional response, and the endemic decrease. As a result, the accidental death rate should

continue to fall. Of course, this may just result in more people turning instead to suicide. Yet it is also possible that the increasing levels of wellbeing in society heralded by such a shift would be enough to counteract this – the coalescing of social and cultural change – and suicide may retreat altogether as a realistic option in people's lives. On this, of course, only time will tell.