

SUICIDE AND AGENCY

Studies in Death, Materiality and the Origin of Time

Series Editors: Dorthe Refslund Christensen and Rane Willerslev,
Aarhus University, Denmark

Eventually we all die – and we experience death head-on, when someone close to us dies. This series, *Studies in Death, Materiality and the Origin of Time*, identifies this fact as constitutive of the origin of human conceptions of time. Time permeates everything, but except for time itself all things are perishable – yet, it is only through the perishable world of things and bodies that we sense time. Bringing together scholarly work across a range of disciplines, the series explores the fact that human experiences and conceptions of time inherently hinge on the material world, and that time as a socially experienced phenomenon cannot be understood as separate from material form or expression. As such, it departs from a persistent current within Western thinking. Philosophy, biology and physics, among other disciplines, have studied time as an essential, ethereal and abstract concept. In the same way, death has often been conceived of in abstract and sometimes transcendental terms as occupying one extreme margin of human life. As an alternative, this series examines the ways in which bodily death and material decay are central points of reference in social life, which offer key insights into human perceptions of time.

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Suicide and Agency

Anthropological Perspectives on Self-Destruction,
Personhood, and Power

Edited by

LUDEK BROZ
and
DANIEL MÜNSTER

ASHGATE

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When we first started talking about our common interest in the anthropology of suicide, we were both living and working in Halle (Saale), Ludek Broz as a postdoctoral researcher at the Siberian Studies Center, Max Planck Institute for Social Anthropology and Daniel Münster as a lecturer at the Institute for Social and Cultural Anthropology at Martin Luther University Halle-Wittenberg. We are grateful to our colleagues at both these institutions for the stimulating intellectual environment. Since then, we continued to experience full support for this project at our new institutional bases: Ludek Broz at the Czech Academy of Sciences and Charles University Prague with the support of the Czech Science Foundation (grant no. 13-06860P); Daniel Münster at the Cluster of Excellence “Asia and Europe in a Global Context” at Heidelberg University, with a Junior Research Group “Agrarian Alternatives” funded by the German Research Foundation (DFG).

We have contributed equally to the editing of the book as a whole as well as to the writing of the introduction. The decision to put Broz’s name as first editor of the volume and Münster’s as first author of the introduction was arbitrary.



Chapter 9

Learning Suicide and the Limits of Agency: Children's "Suicide Play" in Sri Lanka

Tom Widger¹

This chapter addresses an old question in suicidology—*how* do people become suicidal?—from the perspective of how people *become people* through suicidal practices. Thus I am less interested in how people become suicidal as a result of “problems,” than I am in how developing a concept of self-destruction can be a fundamental process of identity formation, and one that has significant implications for the emergence of an awareness of agency and its possibilities and limitations. In the suicidological literature, suicide has been variously understood as the ultimate loss of agency: as a response taken when there is “no other way out” (Beck 1976; Williams 1997), or else when social conditions compel it (Durkheim 1951). Alternatively, suicide has been construed the ultimate expression of protest, agency, and even of freedom: an “aesthetic” act (Andriolo 2006; Osborne 2005). Meanwhile, ethnographic analyses of suicide have explored the interplay between questions of “structure and agency” in diverse contexts around the world, and shown how these kinds of questions spring from, and are dealt with using, local cosmological frameworks (in addition to the chapters in this volume, also see Staples 2012; Staples and Widger 2012).

In Buddhist Sri Lanka, many people understand questions of what social scientists call “structure and agency,” the extent to which human behavior is shaped by external forces or individual choices, in terms of *kamma* (karma) (see Gombrich 1971 for a detailed discussion). In the Madampe Division of western Sri Lanka, the ethnographic situ of this chapter, the passage of one's own life and the manner of one's own death is generally thought predestined by good and bad deeds in past lives as well as in this life. Whether or not the logic of *kamma* literally means that all things people say and do are an unavoidable fate, or whether people have the ability to make decisions and thus escape the

1 The research upon which this chapter is based was kindly supported by two scholarships from the Royal Anthropological Institute (the Emslie Horniman Scholarship Fund and the Firth Trust Fund), the Wenner-Gren Foundation Dissertation Fieldwork Grant (Gr. 7259), the London School of Economics Alfred Gell Studentship, the University of London Research Grant, and the University of Essex LS Grant. It was written whilst holding an Economic & Social Research Council (ESRC) Post-Doctoral Fellowship in the anthropology department at Brunel University (PTA-026-27-2739).

clutches of fate, is of course a subject of much discussion—as is the question of whether all actions and decisions necessarily have kammatic consequences. The Buddhist scholar Narada Mahāthera (1988) suggests that only an “intentional action whether mental, verbal, or physical is regarded as *kamma* ... involuntary, unintentional, or unconscious actions do not constitute *kamma*.” My lay Buddhist informants in Madampe, who saw actions guided by intention as having kammatic consequences and actions that were seemingly spontaneous or circumscribed by unavoidable external pressures as having no kammatic consequences, also expressed this general principle (Widger 2015a).

When applied to suicide, this view of *kamma* helped people in Madampe to distinguish between what might be glossed “predestined suicides” and “chosen suicides” with the one unlikely to produce kammatic effects and the other constituting *kamma*. Working with young female self-harmers in southern Sri Lanka, Marecek and Senadheera (2012) report how those women frequently dismissed what they did as a “foolish thing” and “foolish act” (ibid.: 76), and thus stressed their self-harm was “predestined.” Marecek and Senadheera suggest the reference to “foolishness” fulfils a social function, used by self-harming women to distance themselves from agentive intent and thus the allocation of blame and negative *kamma* for their actions. In so doing, claiming the absence of agency “[seals] off family strife from further probing ... [enabling] family members to co-exist; it may thus serve as a collective need” (ibid.). In western Sri Lanka, my work with young male and female self-harmers in Madampe suggested that laying claim to anger as a particular cause of self-harm provided an idiom that explicitly sought to challenge the collective need, disrupting *kamma* for both self and others, and thus stressing a suicidal agency (Widger 2012b). Similarly, Spencer (1990) noted that in Sri Lanka acts of suicide can result in “karmic entrapment” causing significant “de-merit” (*pav*) for those people, usually close relatives, whose actions may have led to the suicide.

In this chapter, I explore the developmental processes through which these two views of *kamma* and suicide—as something predestined and something chosen—come about. Through such claims, the use of suicide in social relationships in Madampe, typically in response to and as a form of relational violence, exists as a method of moral regulation of both the self and others. Bambi Chapin (2010, 2014) has explored the early socialization techniques used by caregivers in a Sinhala Buddhist village in central Sri Lanka, which she argues unfold through an increased awareness in children of the moral dangers of *irisiyāva* (desire, envy, jealousy) and importance of *lājja* (shame, shyness). Chapin’s argument simply stated is that as they grow older, Sinhala children become increasingly concerned to exhibit morally “good” (*hoñda*) behavior and reject “bad” (*naraka*) behavior as a way of avoiding *irisiyāva* and thus also *lājja*, which Chapin goes on to suggest forms a central component in the development of a moral self. For Chapin, this manifests in a child that becomes increasingly conscious of its dependency upon others, marking a pathway into older childhood and teenage years shaped by a strong recognition of, and subservience to, morally “good” behaviors and social hierarchies.

Through an examination of children's and teenagers' suicidal practices, I consider how suicidal identities and understandings of *kamma* are acquired through childhood socialization processes. My concern is with what Lave and Wenger (1991) called "situated learning" within "communities of practice"—in this case, situated learning within communities of suicidal practice. Lave and Wenger studied apprentices and the ways in which they move from being "peripheral participants" in a trade to becoming full participants of a community of practice. Their studies showed how apprentices learn the knowledge and skills required to become accepted participants of a community of practice through processes of what is usually non-verbal instruction and copying. This exposure facilitates the slow development of relevant expertise in apprentices as they hang around with master craftsmen and "absorb" their knowledge. Thus, Lave and Wenger stress the importance of *participation* as a means of learning: it is literally through doing that people learn and habitus develops, and people master the necessary skills to mature and join the adult world. Bloch (2012: 193) argues that this process resembles how cultural knowledge more generally is transmitted, to which I would add how knowledge about suicide, including how, when, and why to commit suicide, is transmitted (Widger, 2015b).

Yet the learning process is itself agentic (Bandura 2001) and the passage from "peripheral" to "full" participants of a community of practice may not be one of uncritical knowledge acquisition. Not only is learning imperfect in the sense that knowledge and skills may unintentionally morph and change as they pass from one generation to the next, but learners themselves, in the process of internalizing knowledge and skills, may reshape what has been passed on so it better fits with their particular understanding of the world. Thus in this chapter I am interested in how peripheral participants in a community of suicidal practice—children and young teenagers—are not simply neophytes in liminal spaces engaged in prototypical suicidal acts but full participants in their own practice community. Distinguishing between what Bloch (2008) calls the "transactional" and the "transcendental," I argue that specific material relationships of suicide—its quotidian causes and effects—exist at the transactional level, whilst suicide's explanation through social institutions of kin morality and kammatic religion—culturally elaborated theories about its ultimate origins—exists at the transcendental level. Children's community of practice is shaped first by a transcendental suicidal of kin morality, with a transcendental suicidal of *kamma* appearing at a later stage of concept development.

To illustrate this, I focus on how Madampe children use structured games, imaginative play, and subversive jokes to explore the conditionalities, continuities, and contradictions of the social and moral possibilities of suicide. Through their own *participation* in suicide as peripheral actors—that is, as people considered not mature enough to understand suicide or to experience the kinds of problems that cause suicide, but nevertheless who perform a range of suicidal acts—children come to imbue suicide with meanings relevant to their own lives, and which exist apart from adults' understandings. I argue that through such activities both "imagined" and "real," children eventually master the *kamma* of suicide, learn when, how,

and with what consequences suicidal acts may or may not be performed, and thus make a necessary step towards attaining adulthood: a stage of life that minimizes the “agency” of suicide and promotes the “structured” or “predestined” of suicide as an ascription of gendered hierarchies. From this perspective, in Madampe *how* people become suicidal is a developmental process that begins from early childhood, and exists alongside processes of moral and religious knowledge construction. Children start off believing that suicide is chosen and linked to a transcendental kin morality, but as they grow older come to think of suicide more as something predestined and linked to a transcendental logic of *kamma*.

Orientations

Lying some 40 miles north of Sri Lanka’s 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. By the 2001 census, the Madampe Division had a population of around 43,500, supported by a mixed economy of plantation agriculture, light manufacturing, public and private sector service, and overseas labor migration. The area is primarily Sinhala Buddhist, and sandwiched between the largely Roman Catholic coastline and fishing villages five miles to the west, and the Kandyan “Up Country” 30 or so miles to the east.

I have conducted research in Madampe since 2004, first during a two-year fieldwork trip for my PhD, with follow up trips in 2007 and 2012–2013. Previous to that I had lived in Madampe for several months in 2001, when I taught English in a local school. During my main research period between 2004 and 2006, I conducted ethnographic studies of two villages in the Division, as well as several organizations—the local hospital, police station, coroners’ court, and mental health clinic—that dealt with suicidal practices occurring in the area. Each of those organizations held records of varying periods and detail concerning the cases of suicide attempt and self-inflicted death they dealt with. I also had the opportunity to interview patients and staff, as well as to sit in on some counselling sessions. Meanwhile, the ethnographic materials I collected from village contexts on the prevailing contexts and conditions, and causes and meanings, of suicidal practice, provided frameworks for understanding the individual cases that I recorded within the institutions as well as those I encountered in the field.

From these various sources, I was able to develop a detailed understanding of the demographic and cultural patterns of suicidal practice in Madampe: “the field of suicidalities” by, through, and within which local understandings of suicide developed and suicidal practices took place. This included the ways in which children and young teenagers engaged with popular beliefs about suicide as well as their own kinds of suicidal practice. This particular strand of research was of course especially challenging. As much as possible it involved a “naturalistic” approach where I simply recorded in my fieldnotes the various ways in which

children and youth responded to acts of suicide around them, the commentaries and jokes they made about them, and the ways in which parents sought to explain or shield children from cases occurring in the family or community.

However, I also came across examples where even very young children had seemingly been involved in a kind of “make-believe” suicidal practice, at times resulting in hospitalization. With parents’ permission and as part of a general informal discussion concerning the children’s experiences of hospital care, I carefully enquired about the circumstances leading to their injuries. In these interviews it was not suitable or indeed possible to glean anything more than the most basic information, but I found out enough to establish some simple facts about the cases including something about the chain of events involved. When coupled with the observations I was making in the field, plus my much deeper research into older youth and adult suicide, I came to appreciate the significance of children’s ideas about suicide both in terms of their own lives and in terms of how suicide is learned.

Learning Suicide: Games, Play, and Jokes in the Development of Suicidal Personhood

For many people the idea that some children may have suicidal thoughts or try to commit suicide is horrifying. Commenting on prevailing attitudes in western societies, Pfeffer et al. (1993) suggest that childhood is widely construed a period of life relatively free from the stresses and strains that motivate older teenagers and adults to kill themselves and that children lack the developmental maturity to think or act upon suicidal thoughts. If suicide should arise, adults dismiss it as “childish play” or a non-reflexive repeating of witnessed practices. The thought of child suicide was equally horrifying for most adults, including health professionals and social workers, I knew in Madampe. Many simply dismissed the possibility of child suicide at all, claiming that if it did occur it was the result of accident or thoughtless imitation, or possibly *boruva*, lies and make-believe (for an analysis of *boruva* see Argenti-Pillen 2007). However, Mishara (1999) found that by the ages of eight or nine American children have a thorough understanding of suicide and that younger children understand the concept of “killing oneself” in a fully developed sense. Similarly, Goldman and Beardslee (1999) suggest that nearly 1 percent of American schoolchildren aged less than 14 years have attempted to harm themselves. Likewise, according to the hospital and police records I reviewed in Madampe, self-harming practices appeared from around seven years in both boys and girls, and the youngest suicide I recorded was of a girl aged just 12 years.

It was whilst collecting those data that I happened across a number of cases of “accidental” self-harm committed by even younger children aged between four and seven years. According to the clinical notes, the children had acted individually, in pairs, or in groups of up to four, and in all cases consumed either *kānēru* seeds or *neṅgala* roots, two of the most popular methods of self-harm in Madampe.

Fortunately, none of the children died or suffered lasting injury. Further interviews with the attending medical officers suggested the cases occurred in the context of a simple “imitation” of adult cases of self-harm the children had witnessed or heard about in their families, villages, or schools. However, my own interviews with the children, coupled with my much broader set of observations of children in Madampe, suggested they had acted with a great deal more thought than the medical staff had granted them. Not only were the children “imitating” suicidal practices involving imaginary contexts reflective of their own lives and concerns rather than those simply of adults, but in so doing children were making explicit statements about their lives, their relationships with others, and their perceived ability or inability to control or shape the future.

At the simplest level, children’s “make-believe” engagement with suicide took the form of structured games exploring the material manners and means of suicidal practice in Madampe. In that sense, suicide games involved a process through which children passed from peripheral participants to full participants in a community of suicidal practice by learning its methods and reasoning. For example, in several of the cases the children had mixed the *kānēru* seeds they had swallowed with water and sugar, which is popularly believed by adults to make the toxins contained within the seed more potent: “that is the correct way to prepare *kānēru*,” many people told me. Thus, suicide games allowed children to master elements of what I have called the “poison complex”: a core pattern of linguistic, emotional, social, and spatial practices clustered around poisonous substances from which suicidal practices emerge (Widger 2015b). Having prepared poisons in appropriate ways and consumed them, children went on to tell a parent or older sibling what they had done, in much the same way as some adult self-harmers do when they wish to assign blame for their actions. Reflecting adults’ narratives, both girls and boys told me that the point of suicide was to make somebody “afraid” (*baya*), so to affect a change in their beliefs or behaviors. In this way, children were literally practicing adults’ suicidal practices and becoming adept at them.

Yet in other ways, children’s suicide games diverged from those practices associated with “mature” suicidal performances. This was especially when children invoked suicide as part of games dealing with issues of relevance to them. In this case, structured game shifted into spontaneous play: an imaginative, unstructured engagement with suicide and its meanings that generated its own field of practice belonging to children only. Thus, suicide play often explored issues to do with the functioning of friendships and families, from the children’s own perspectives. For example, three girls and one boy, aged between four and eight years, swallowed *neṅgala* roots apparently as part of a game in which one group told lies and cheated and the other group expressed sadness over their inability to trust others. In a second case, two children—a boy and a girl aged eight and seven respectively—had been playing “families,” during which father came home drunk and shouted at mother; following this the children adopted the roles of the parents’ children who then swallowed *kānēru* to stop the parents from fighting. Not simply reflecting a childish rendition of adults’ suicidal practices, I suggest

these examples display a more creative engagement with suicide as a method of moral regulation.

Beyond the hospital and throughout my fieldwork in Madampe, I observed similar kinds of structured games and imaginative play to those I recorded in the hospitals, although ones that did not include actual self-harm. As with the hospital cases, however, they also included imagining suicide in response to their friends' or family members' moral failings, or were commentaries on the lives of older peers who fetched up in situations the younger child assumed could lead to self-harm. Importantly, too, some did not legitimize self-harm but instead made fun of or ridiculed suicidal practice through jokes that "subverted" the logics of suicide. For example, when one young man told me about his love problems, a younger boy aged 11 years began imitating the older youth's despair through a suicide routine. The boy swiped his finger across his neck, clutched it, and then fell to the floor, tongue hanging out. Although I only ever came across one such case of neck slashing in reality, the act was enough to have the other youth present doubled up in laughter. In another case, a young girl aged seven years imitated somebody taking poison because of a love problem. She ran out of the room laughing hysterically at the thought of it: "I would never be so silly," she said.

Extending the field of learning contexts further still, not all cases of suicide play involved experiments with suicidality but instead experiments with poisons. Thus, hospital records suggested three boys aged between six and seven years had been admitted after playing a game of "poison dare." Led by an older youth, who himself did not ingest, the trio gambled on how much they could or would dare to swallow. Jeanne Marecek (pers. comm.) reports similar games of dare with poisons from southern Sri Lanka, where boys are encouraged by peers to swallow poison, or alternatively bullied into doing the same. It is possible that through such exposure to suicide methods, a kind of "priming" for suicide takes place. By these activities, the boys' notions of risk would have been transformed and the potential of self-harm come to appear less "drastic" and thus "easier" to perform in later life. Thomas Joiner (2007) has argued that prior experiences of pain are a necessary developmental step on the path to fatal self-harm, and it is possible that children's familiarization with, and desensitization to, their lethal environments through suicide play provides an opportunity for experiencing poisons in different ways.

As indicated, in many cases it was very difficult to judge where the lines between games, play, jokes, and "real" suicidal practices might be drawn. Older children and adolescents in Madampe often talked about the urge to drink poison because of problems in their lives that younger children were exploring through play. Always said half in jest, such threats nevertheless carried the air of possibility—especially as most people knew somebody else who had recently self-harmed in circumstances that were extremely similar to those alluded. However, for most of my informants there also seemed to be nothing extraordinary about this, and in the very few cases where suicide threats made by adults did turn into suicide attempts, the threats themselves had been "misunderstood" as jokes, as an act of what Argenti-Pillen (2007) calls "obvious pretense." It was common for

the relatives of suicides to tell coroners that the victim had joked in the past about killing himself or herself, “but had never meant it.” It was apparently a shock (and possibly a way of distancing culpability) if they did eventually kill themselves. The distinction between “joke threat” and “real threat” was then very fine, and it was through the constant rolling out and drawing back of suicide threats and self-harm attempts that people created spaces to generate ideas and claims of and about identity.

In Madampe, children’s suicide play, games, and jokes contained an enmeshment of what Goldman (1998: xviii) has called “mimesis and mythos”: imitation and creativity. Anthropological studies of children’s play and games illustrate their importance in childhood socialization, learning, and development processes (James 1998; Sawyer 2002; Schwartzman 1976). Sawyer (2002: 10) argues that analysis of play allows us to obtain “a valuable perspective on agency and intersubjectivity” in children, through which they generate their own ideas of the social world. Similarly, Sutton-Smith (1977: 236) argues that play can be understood as “cognitive activity which liberates thought,” during which children innovate social and moral roles. James (1998) has argued that far from being a frivolous activity, play can be understood as facilitating the articulation of power relations in children’s lives: a “serious medium through which children conduct their social affairs,” and “power relations ... articulated, upheld, and challenged” (ibid.: 104).

To understand this in the context of suicide play, I draw from Chapin’s (2010, 2014) work on Sinhala child development. Arguing the growing realization during childhood that the moral self is dependent upon the actions and approval of others, including how others’ “bad” (*naraka*) behavior can reflect poorly on the self, Chapin suggests that children become increasingly concerned to “associate” with other “good” (*hoṇḍa*) children and to demand “good” behavior in others, including siblings and parents. This requirement to surround oneself with “good” friends and relatives and to seek a change when others do not meet such expectations I also found commonly expressed in older children’s and teenagers’ suicidal practices in Madampe (Widger 2015a: chap. 4). Lynch’s (2007) ethnography of female garment factory workers in Sri Lanka highlights the moral frames of reference defining “good” and “bad” behavior for women, whilst my own research in Madampe has charted the same for men (Widger *ibid.*; 2009: chap. 4). Thus for women “good” behavior is often defined by people in terms of “innocence” (*ahinsaka*), and for men in terms of “honesty” (*avanka*). These broad terms imply a range of gender-sensitive behaviors both elaborated and avoided, but in both women and men perhaps the overwhelming expectation is to “fear shame” (*lājja baya*) and avoid “desire” (*irisiyāva*).

Through her focus on children’s dependence on others for their sense of moral approval, Chapin was thus concerned to test John Bowlby’s theory of attachment and separation anxiety. Bowlby claimed that children universally move from an infantile stage of attachment to a mother figure to one of increasing independence during childhood (for a useful anthropological introduction to Bowlby and

attachment theory see: Stafford 2000). However, Chapin's ethnography suggests Sinhala children's development moves in the opposite direction: from a state of relative independence to one of increased dependency. In the village where Chapin worked, infants and young children were given a great deal of free reign to explore and seek care from a range of caregivers. Over time this freedom was reneged so that older children and teenagers came to depend solely upon the mother for love and support (see also Obeyesekere 1984). At the same time, moreover, children must become more conscious of and deferential to family and community expectations regarding good moral character and conduct. Chapin suggests that young children as a result have a much greater sense of themselves as autonomous agents than older children and teenagers, who come to feel increasingly constrained by their position within the household (*gē*) and wider kin network. Thus, while in Europe or North America children move from a position of high dependency and restricted agency to one of increasing autonomy and agency, in Sri Lanka children become less agentive and increasingly dependent as they age.

Back in Madampe, similar developmental trajectories were evident. Pre-pubertal children were relatively free to socialize across gender, caste, and class lines. However, once attaining puberty, girls and boys were strictly separated by their parents and certain of the more traditional or aspiring families sought to limit even friendships with lower caste or class children. Similarly, all older children came to take on duties and responsibilities aimed at protecting themselves from shame and cultivating "good" reputations, although how this played out was shaped by gender constraints. For example, boys' play tended to involve situations wherein conscious retribution of some kind was being sought, or alternatively as a game of dare or a form of playground bullying. Conversely, girls' suicide play concerned the regulation of intimate friendships and domestic relationships, and the rejection of morally unsuitable activities like involvement in love affairs. In these ways, even young children's suicide games, play, and jokes expressed popular gender assumptions concerning an "active" and "public" masculinity and "passive" and "domestic" femininity. Importantly, however, boys' and girls' behaviors nevertheless expressed suicide as an agentive act. We find in children's suicide play a dominant concern with the possibility of instigating change in someone else's behavior or viewpoint; even if this possibility was ridiculed rather than embraced. We find little expression of suicide as a predestined event, suggesting ideas of *kamma* in general, and the relationship between *kamma* and suicide in particular, appears at a later stage of concept development.

In a criticism of scholastic work that takes the English term "religion" to stand for a universal human social phenomenon, Bloch (2008) proposes a distinction between the "transactional social" and "transcendental social." For Bloch, the transcendental social includes essentialized concepts of human practice such as the names we give for particular kinds of human pairing or groups ("marriage," "family," "community," "nation" etc.). The transactional social is the material processes of those pairings and groups themselves (a specific kind of relationship between two or more people; a name given to a geographical cluster of people;

and so on). Put another way, the transactional social exists at the level of everyday variability and contingency of human sociality whilst the transcendental social exists at the level of “imagination” where sociality becomes categorized and defined in historical-traditional ways (in Andersen’s (1991 [1983]) sense of “imagined communities” for example). Applying this distinction to suicide, I suggest that the everyday sociality of suicidal practice exists at the level of the transactional social, whilst the elaborated codes through which children and then adults make sense of suicide exists at the level of the transcendental social.

When involving suicide, games, play, and jokes provide mediums through which children both imitated and innovated transcendental knowledge of the transactional world. Suicide play, games, and jokes provided a forum for children to explore understandings of themselves as *moral* agents within a world susceptible to their own interventions. Children were experimenting with scenarios both of their own making and not of their own making, which could or could not, or should or should not, be engaged with through suicidal acts. Such dealings with the structures and possibilities of life and death, fate and choice, gave children a sense of themselves as people capable of shaping their own destinies. Even in young children, this involved transcendental concepts of gender and social relationships like kin relationships, and their ideal moralities such as how friends and parents ought to behave, which gave an overarching form and function to what remained understood as “chosen suicides.” How these beliefs were responded to by parents and other adults is an issue to which we will now turn.

Putting Play into Practice: Navigating Fate and Choice and the Interpretation of *kamma*

Thus far, I have focused solely on children’s stories and my own observations of suicide play. Yet of course, children’s suicide play, games, and jokes did not exist in isolation and the ways in which parents and others responded to them rejected or reinforced understandings of suicidal agency and its possibilities and limitations. In this section, I describe the processes through which “chosen suicides” transformed into “destined suicides” through an elaboration of a transcendental suicidal of *kamma*. I do this, first, through an examination of how parents’ responses to suicide play, games, and jokes shaped children’s and teenagers understandings of suicide, and, second, through a deeper tracing of two case studies in which teenagers in Madampe grappled with problems of kammatic choice and destiny. Thus, my concern is to show how ideas of suicide and *kamma* emerge in dialogue with a wider instructional world located in adults’ understandings of suicidal practice.

When it came to children’s suicidal make-believe, parental responses were not consistent, both in terms of how play and games were treated compared with jokes, and in terms of how parents responded differently to sons and daughters. First, parents treated suicide games and play extremely seriously, but often joined in when children made suicide jokes. Although many parents did not think suicide

games and play were anything more than a foolish childhood activity, they were concerned it could result in hospitalization or worse. Thus, the parents of children who ended up in hospital after engaging in suicide play and games reacted to their behaviors in a way very similar to the parents of teenagers who “really” self-harmed. This included restricting children’s movements beyond the home, limiting access to “bad” friends, and encouraging the adoption of “good” behavior. On the other hand, parents responded to suicide jokes with good humor, and even encouraged children when they made fun of suicide cases occurring in the village. Taken together, parental condemnation of suicide games and play and their encouragement of joking ridicule can be understood as a kind of pre-emptive “suicide prevention” in the sense they tried to interfere with learning processes of suicide, upset the logic of chosen suicide, and stigmatize meanings of chosen suicide in children’s eyes.

Second, however, beyond their initial dismissals of suicide play and games, parents responded to young boys’ and girls’ acts in different ways. Girls’ parents often stressed boys had coerced their daughters to swallow poison, and that girls’ suicide games and play were unreflective and imitative of cases they had heard about: that their actions lacked any kind of agency. Conversely, boys’ parents explained their sons’ behaviors as “just something that boys do”; as the consequence of boys’ natural tendencies to play rough and tumble and take risks. Therefore, whilst girls’ suicide play was regarded as something that needed a quick and decisive response—usually through increased parental vigilance and restricted movements beyond the home—boys’ play could simply be brushed aside with a stern reprimand. What parental responses to girls’ and boys’ suicide play sought to imply, then, was a total lack of conscious intent on the part of daughters, to the point where suicide was coerced by others, and a haphazard suicidality in boys, that could just as well have been an accidental injury like falling from a tree as drinking poison. In both responses, though, we find an appeal to “fate”: of fate’s manipulative hand in daughters, and fate’s callous disregard for life in sons.

In this way, parental responses to suicide games, play, and jokes provided additional layers of meaning and significance to children’s understandings. These introduced the notion that self-directed acts might not be self-directed at all, but under the control of external forces. In Madampe, two such influences are recognized to exist, the first being “society” (and related concepts like “economy” and “globalization”), and the second being *kamma*: the summative effects of good and bad deeds in past lives and this life. (Only rarely were a third possible external influence, supernatural beings, cited as a cause of suicide; also see: Marecek 1998.) Whilst social and kammatic forces were by no means considered unrelated, it is important to note that overwhelmingly it was older people, and middle class men in particular, who saw their lives as being subject to the whim of social forces, whilst children, as non-economically active agents, were assumed shielded from them (Widger 2012b). For children it was as part of their more general becoming of Buddhist people with Buddhist notions of past and future selves that linkages between suicide and ideas of destiny, or *kamma*, constituted.

I finish this section with the discussion of two case studies that illustrate the effects of elders' responses on children's understandings of chosen and destined suicide. The first case concerns Sajith, a 14-year-old boy who presented at my local hospital while I was shadowing a new doctor on the ward. Sajith had drunk kerosene after a dispute with his grandmother, with whom he was living at the time. The doctor and I interviewed Sajith about the events that led him to make an attempt on his life. Sajith began by explaining the circumstances that led to his self-harm, which concerned the breakup of his family home in the context of migration:

When I was four years old, mother went abroad to work as a housemaid. Following this, I lived sometimes with father and other times with [my father's father and mother]. I lived with my grandparents because father could not take care of me. A few years ago father began living with another women who was not my mother and so I went to live with my grandparents. I did not want to live with father, as I felt betrayed by what he'd done and also because father's new wife would not care for me properly.

Sajith said he enjoyed staying with his grandparents when it was an impermanent arrangement. He emphasized that he had a good relationship with his grandfather, and claimed that he still did. However, after the living arrangements became permanent, Sajith said that his grandmother "became cruel." He complained his grandmother made him do all the housework and this reached a point where he wanted to self-harm:

Grandmother treated me like a slave. She made me do all the housework and other work. Because of this, I couldn't attend school. Even if I missed school I still didn't have time to do all the work she gave to me. One day, grandmother asked me to prepare food for *dāna* [alms-giving ceremony]. I knew I would not have time to finish all the work, and would have to miss school for two days. I started to feel hot [*rasni*] and then saw a bottle of kerosene on the floor. I drank it because I wanted to make grandmother feel shame and be afraid. I want grandmother to show me love and let me attend school. I hope by drinking the kerosene she will know that I am unhappy with my life and would like to die instead of miss school.

When I asked Sajith why he thought the grandmother treated him badly, he explained that she resented taking care of him. Sajith thought that only his mother, not his grandmother, could love him properly. By his suicidal act, Sajith nevertheless hoped his grandmother would express love for him and let him return to school. Sajith later told the doctor that he did not want to go back to his grandparents' house but rather to a children's home. The doctor spoke to the boy's grandfather and he too thought it better if Sajith went to a children's home. However, when I called at the hospital to visit Sajith the following day I found he had been discharged and had returned to his grandparents' house.

In this case, I was unable also to interview the parents or grandparents, and Sajith's village was not included in my study. However, I did discuss his case with medical staff. The general impression seemed to be that Sajith's father and grandmother had each acted inappropriately and so Sajith's self-harm could be understood as the response of a neglected young boy seeking some form of improvement in his living situation. Although my informants considered Sajith's self-harm inevitable in the sense that the children of migrant women were popularly assumed to be particularly at risk of "deviant" behavior as a result of their lost "mother's love," it was described more strongly in terms of a process of relational disputes leading to an attempt at relational reorganization. In this sense, Sajith's act of self-harm was characterized as agentive, and even though Sajith had returned to his grandparents' home, medical staff concluded that the grandmother would now act more decently and perhaps the father would reconsider his own actions too.

For Sajith, a young teenage boy, elders did not frame his suicidal act as a moral digression. Of course, Sajith's home situation did for many seem to be unacceptable, but I suggest that had a young teenage girl responded similarly, the weight of public opinion would not have been so sympathetic (Widger 2012b). Older informants thus interpreted Sajith's act as a chosen and in some senses "correct" one; Sajith's act was unlikely to accrue negative *kamma*, and by self-harming he had drawn attention to an unbearable family life that ought not to be kept quiet. As I have argued elsewhere (Widger 2012b), such "suffering suicides" are considered to be the work of mature men, endowing them with social and moral properties associated with particular mental sophistication and "ease" (*sahanaya*). For Sajith, still a young boy, this categorization signaled the start of a journey towards manhood.

The second case concerns Arsha, a 15-year-old girl living at Alutwatta, who swallowed poison after quarrelling with her parents over a love affair. People in the community discussed Arsha's case widely and, a few months later, I had the opportunity to interview Arsha herself. Arsha explained how she had become involved in a love affair with an 18-year-old man called Dinesh, of whom her parents disapproved because he was unemployed, but also because Arsha was still at school and they feared the relationship would jeopardize her education. One day she had a particularly violent argument with her father, following which she swallowed poison:

When I met Dinesh I knew he was good and after sometime we came to love. When my father told me to stop this affair, I felt suffering (*dukkha*), because I did not want to give up my love. That day [when I swallowed poison] father had come and told me that I can never speak to Dinesh again. I felt great sadness (*lokku dukkha*) about this and saw the poison so drank some ... I didn't really think about it, I just did it.

In contrast to Sajith, Arsha's narrative reflects the same pattern of agentic disavowal recorded by Marecek and Senadheera (2012) in southern Sri Lanka. An act of self-harm is explained away as the culmination of events over which Arsha herself had little control, which also thus draws attention away from both her own moral misdemeanors and the family strife it led to. Yet during the same interview, Arsha also told me that she swallowed the poison because she wanted to make her father "feel afraid" (*baya*). An equally common claim amongst self-harmers in Madampe, with this statement Arsha was calling to mind a suicide of agency. How Arsha spoke of events unfolding in the months after her self-poisoning also reflected this sense of agentic intervention. Thus, it was Arsha's own decision, not her parents' demands, which led to the eventual break up of her love affair and return to "good" behavior:

My parents were afraid for me but even that didn't change their mind! But actually after that I was kept at home for several months and I came to realize that my love for Dinesh had changed. It was a very difficult period for me but I know that it is better if I concentrate on my schoolwork so maybe I can go to university. That is what I want now, and am working hard!

Across Alutwatta more widely, Arsha's act of self-harm was mostly described in fatalistic terms. The common interpretation was that Arsha had fallen in love with an unsuitable boy and so when her parents demanded that the relationship end—as inevitably they must—Arsha swallowed poison—as inevitably she would. Villagers explained her case in terms of the logic of *kamma*, where a bad deed (a love affair) led to another bad deed (a suicide attempt) which were both reconciled through a good deed (committing to educational studies). This helped to mark Arsha as a "good girl" in the eyes of most people: although she had started a love affair and self-harmed, she had nevertheless learnt the error of her ways.

For Arsha, self-harm was rendered socially and kammatically neutral through recourse to an invocation of fate. Thus, the transformation of a transcendental social of kin morality into one of kammatic Buddhism by Arsha's parents as well as Arsha herself signaled the attainment of a suicidal maturity allowing her to switch back and forth between narratives both morally challenging and morally appropriate. In other words, Arsha had moved beyond the imitative and imaginative suicide play of her younger peers and their "peripheral" participation in communities of suicidal practice to assuming a full position within adult worlds. As much a "coming of age" as Sajith's self-harm, Arsha's self-harm finished in her "mature" decision to return to school and work for her future, obeying parents and other elders, and accepting the structures of hierarchy in which she was increasingly enmeshed. For Arsha, as for Sajith, "becoming suicidal" was a question of "becoming a person."

Conclusion

This chapter has offered one more response to the question of why people become suicidal. I have addressed this through a consideration of how Sinhala Buddhists in one small locality in western Sri Lanka become suicidal people, and thus develop an idea of themselves as people with agency within a context of suicide as something “predestined” or something “chosen.” The result has been a developmental argument that suggests knowledge of chosen or agentive suicide, and at times a performative manifestation of such suicides, exists as a possibility from early childhood. The idea of suicide as a predestined act I have suggested comes at a later stage of concept development, probably only fully from early teenage, when complex understandings of Buddhist doctrines on *kamma* are acquired. Thus, developmentally, understandings of chosen suicide exist prior to understandings of destined suicide, although once the ability to imagine the destined suicide arrives, it does not displace the idea of chosen suicide but exists alongside it in constant and often creative tension (Widger 2012b).

The second theme of the chapter involved a consideration of how people *become people* through this tension. Thus, I have shown that children imitate and innovate suicidal acts through games, play, and jokes, and in doing so exist simultaneously as peripheral participants in adults’ communities of suicidal practice and as full participants in their own communities of suicidal practice. Children’s identities as agents are deeply tied to this, moving from a situation in which their agency is strongly pronounced into increasingly constrained positions: this is especially the case for girls and young women. While for boys and men suicidal acts that are claimed agentive do not often come with moral disapproval, for girls and women it assuredly does. This outcome is tied to how boys’ suicidal practices are from an early age dismissed as playing rough and tumble and later in life as a decisive engagement with their problems. In women agentive suicide, usually framed as “anger suicide,” may be performed precisely because it causes them and their relatives shame, and thus becomes all the more potent as a result.

Thus developing the ability to understand and practice suicide in morally appropriate ways forms part of the process through which children in Madampe mature and grow into adults. What at first glance would appear a particularly morbid affair is, I argue, better understood as being a process not so much about death but about life. “Suicidal children grow up” is how child suicidologist Pfeffer and her colleagues put it (Pfeffer et al. 1993): self-harm may “put the idea of death into other people’s minds” (Widger 2015a) but not without also putting the idea of death’s antithesis, not least questions of what comes after survival. As children live through suicide, the practice of suicide becomes the effect of a cause and the cause of its own effects, manifesting different socialities and moralities in a processual sense. It is through the suicide process that social and moral personhood is created even as it is negated, leading to new ways of living through the acquisition of agentive and non-agentive ways of dying.

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