

## MAKING TIME FOR THE CHILDREN: Self-Temporalization and the Cultivation of the Antisuicidal Subject in South India

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### Abstract

This article examines suicide prevention among children in India's "suicide capital" of Kerala to interrogate the ways temporalization practices inform the cultivation of ethical, life-avowing subjects in late capitalism. As economic liberalization and migration expand consumer aspiration in Kerala, mental health experts link the quickening of material gratification in middle-class parenting to the production of insatiable, maladjusted, and impulsively suicidal children. Experiences of accelerated time through consumption in "modern" Kerala parenting practice reflect ideas about the threats of globalization that are informed both by national economic shifts and by nostalgia for the state's communist and developmentalist histories, suggesting that late capitalism's time-space compression is not a universalist phenomenon so much as one that is unevenly experienced through regionally specific renderings of the past. I demonstrate how experts position the Malayali child as uniquely vulnerable to the fatal dangers of immediate gratification, and thus exhort parents to retemporalize children through didactic games built around the deferral of desires for everyday consumer items. Teaching children how to wait as a pleasurable and explicitly antisuicidal way of being reveals anxieties, contestations, and contradictions concerning what ought to constitute "quality" investment in children as temporal subjects of late capitalism. The article concludes by bringing efforts to save elite lives into conversation with suicide prevention among migrants to draw out the ways distinct vulnerabilities and conditions of precarity situate waiting subjects in radically different ways against the prospect of self-destruction.

**Keywords:** suicide prevention, temporality, waiting, children, middle-class parenting, ethical self, consumerism, time-space compression, late capitalism, south India

As the south Indian state of Kerala continues to report some of the highest rates of suicide in the nation, fears of a moral and public health crisis have acquired a social life of their own. The suicidal tendencies of children (*kuttikalil kandu varunna athmahathya pravanatha*) are a concern of particular urgency among state officials, mental health experts, and parents in ways that seem to have more to do with anxieties about compromised futures than about the demographic contours of suicide itself.<sup>1</sup> These anxieties are stoked by alarmist visions of spoiled Malayali children such as this one, offered in a newspaper:<sup>2</sup>

The younger ones who commit suicide go to the extreme of ending their lives simply because of “emotional jerks.” However, social psychologists hold parents responsible for making their offspring vulnerable to the attack of “emotional fits.” For example, 11-year-old Saumya of Mamalassery committed suicide by hanging herself using her mother's *saree* for the simple reason that she was scolded for quarreling with her younger sister. In yet another incident, 14-year-old Neetu of Kottayam committed suicide by consuming poison as she was not allowed to watch TV. Similarly, a 24-year-old youth in the harbour city of Kochi committed suicide by consuming an excessive dose of sleeping pills because his parents refused to buy a car for him. [**Rao 2001**]

Jeffrey **Schnapp (1999)** has proposed the concept of the “kinematic subject” to capture the individualized and secularized modern subject forged through the rapturous effects of velocity and motility, and for whom the possibility of the crash thrills. The human–automotive complex, Schnapp observes, engenders a new subjectivity through “bigger living: quickened senses, aroused faculties, expanded powers of vision; acts of heroism, improvisation, and innovation; spectacular crashes and catastrophes; eruptions of laughter and glee” (1999:34). Drawing inspiration from Schnapp, in this article, I engage the configurations of accelerated (e)motion by which mental health experts and parents model and problematize the suicidal tendencies of children in Kerala's capital city of Thiruvananthapuram.<sup>3</sup> If, in Schnapp's formulation, the kinematic subject is defined by an intoxication with speed and the thrill of the crash, the Malayali child also emerges as a distinctively modern admixture of haste, pleasure, and danger, whose absolute limit is marked by the imminent possibility of death itself. This is, the newspaper article makes clear, a pathology of the elite: when refused cars and television time, middle-class Malayali children kill themselves.

But if the figure of the spoiled child features most prominently in these anxieties, my use of the kinematic identifies less an individuated subject than a particular experience of time in parenting practice in Thiruvananthapuram.<sup>4</sup> Envisioned as the “social machine” (**Rose 1996:163**) producing pleasure-seeking, suicide-prone citizens, the modern, middle-class nuclear family is targeted by suicide prevention discourses as the site where temporalities have dramatically contracted: resources are telescoped into fleeting interactions between parent and child, rather than invested across the long-term kinship reciprocities associated with joint family living, material gratification is immediate, and any negative impulse—denial, punishment, or even a mild scolding—may trigger suicide in the child as emotional reflex. Although concerns about insatiable children who lack discipline have transnational resonances not unique to Kerala, what distinguishes this articulation of parenting anxieties is the explicit linking of immediate gratification to the production of suicidal children. In Thiruvananthapuram, many mental health experts and the concerned middle-class parents who seek their services out of fear for their children's impulsive threats have come to focus on conspicuous consumption in the experience of child rearing as a primary determinant of either hopeful or dead shared futures.

In this article, I analyze the kinematic configuration of middle-class parenting practice and its association with suicide risk in Kerala as it emerges at the intersection of vernacular discourses of self-restraint, the growth of popular psychology, and the expansion of consumer aspiration with migration to the Persian Gulf and India's economic liberalization. Ethnographic fieldwork conducted in Thiruvananthapuram over 25 months between 2004 and 2007 provides the empirical ground for this discussion; this includes eight months of sustained participant-observation at one state-run and one private clinical site; interviews with parents, psychiatrists, psychologists, social workers, and family counselors; and participation in suicide prevention training and mental health awareness programs around the city.<sup>5</sup> Despite its complexities, the suicide problem in Kerala has been refracted largely through the moral prism of consumer desire within public discourse, a development consistent with the fact that consumer goods have long organized anxieties concerning the threat of foreign domination in India (**Chatterjee 1989; Fernandes 2006; Lukose 2009; Mazarrella 2003**).<sup>6</sup> Gandhi's promotion of *swadeshi* as self-reliance against British industry, for example, was closely connected to the regulation of bodily needs and desires, with notions of self-rule (*swaraj*) analogously tied to national sovereignty. As liberalization reforms in the late 1980s culminated in the decisive “opening” of Indian consumer markets to foreign brands after 1991, *swadeshi* reentered political and cultural discourse in newly reconfigured idioms, most notably in the ideological and rhetorical maneuvers of the Hindu Right.<sup>7</sup> In Kerala, the threat of consumer capitalism has been linked to the security of the population at large: in the battle against indiscrete materialism, the need to teach Malayali

children to resist their desire for immediate gratification recasts the values of *swaraj* as no less than a matter of life and death. Self-control in this sense is the very key to the production of healthy, well-adjusted, and suicide-free citizens in India's liberalized economy.

Although the trope of the spoiled, suicidal Malayali child tracks across familiar cultural and political terrain, I do not wish to propose that this is simply a localized iteration of a condition that is broadly “Indian”; nor do I intend to read experiences of time in parenting practice in Kerala as merely symptomatic of a generic condition of volatility and instantaneity in the age of late capitalism. The acceleration of modern Kerala family life and the desire for immediate gratification are shaped by late capitalist conditions (**Harvey 1989; Jameson 1991**), but are also refracted through ideas about the threats of globalization that are informed both by national economic shifts and by Kerala's regional histories (see **Lukose 2009**). Emphasizing, for example, the state's communist and developmentalist trajectories, mental health experts pathologize conspicuous consumption in the present by juxtaposing earlier times of simple and sated needs against the neoliberal moment of limitless accumulation and instantaneous gratification. As we shall see, the quickening pace of nuclear family life, indexed by the figure of the pleasure-seeking and impulsive child, is also perceived through nostalgia for the “traditional” joint family's slower and more expansive temporal cosmologies. The time–space compression of late capitalism is not the universalist phenomenon proposed by David **Harvey (1989)**, so much as a condition that is experienced differently and unevenly through regional notions of the past as they inform the contemporary moment (**Cole and Durham 2008:12**).

Conspicuous consumption in contemporary Kerala is therefore understood to produce a particular kind of temporal subject in late capitalism, one envisioned as uniquely vulnerable to the temptations and dangers of accelerated material fulfillment given the slower and dissipated cadences of “traditional” social and economic Kerala life. Cast in the terms of historical vulnerabilities, the equation between suicide and the desire for immediate gratification obligates, according to mental health experts, critical psychologized interventions. Anxieties about at-risk Malayali children unable to withstand how time variably fulfills, refuses, or frustrates desires and expectations motivate suicide prevention efforts that seek to recalibrate temporalities by promoting anti-impulsive endurance. I explore one technique advocated by mental health experts among their middle-class parent clients in Thiruvananthapuram: the strategic deployment of contingency and denial in the routine of daily life as a means of fortifying children's “frustration tolerance.” Through exercises described by one clinical psychologist as “suicide inoculation training,” parents are encouraged, for example, to play pragmatic, didactic games designed to

teach children to defer their desire for and even willingly refuse everyday consumer items: a new pair of shoes or the seemingly innocuous second piece of chocolate.

Premised on the strategic manipulation of the intervals and contingencies of material gratification from parent to child, suicide inoculation training offers a privileged view into how experts and authorities make, manage, and discipline temporality at the level of quotidian practice. Expanding on Michel Foucault's explorations of biopower, scholars have demonstrated how techniques of the self articulate unique formations of ethical subjecthood in particular places and historical moments (e.g., **Farquhar and Zhang 2005**; **Matza 2009**; **Pandian 2009**; **Rose 1990, 1996**). I extend these concerns by attending more acutely to how practices of temporalization are a constitutive and vital component of everyday projects of self-care. Pierre Bourdieu's injunction to privilege practice as temporalization—where “practice is not *in* time but *makes* time” (2000:206)—offers inroads into the ways Malayali children are taught to wait as a skillful, life-avowing, and explicitly antisuicidal way of being. By staging the future as one of arbitrariness, contingency, and denial, suicide inoculation training reforms children's practical sense of what **Bourdieu (2000)** calls the “forth-coming”—the already-present future in relation to which we position ourselves as agents and that is already there in the configuration of our natural and social worlds.

Bourdieu helps us to see that antisuicidal self-making concerns much more than the issue of consumption. At stake is how people invest in their futures (**Livingston 2009**). Although the anxieties, commitments, and contradictions that animate suicide prevention efforts in Thiruvananthapuram are conditioned by neoliberal shifts, suicide risk management must also be understood as a profoundly local response to situated histories of desire and imagined possibility in Kerala's capital city. As educated unemployment rates soar, migration to the Persian Gulf expands horizons of expectation, and the state's once heralded reputation as the vanguard of India's development continues to inform personal notions of entitlement and aptitude, the gap between aspirations and their fulfillment increases for many.<sup>8</sup> I take liberal solutions like suicide inoculation training as one form of the psychologized management of the pervasive stagnation and disappointed ambition so profoundly felt among young, aspirant Malayalis: men and women who feel deserving of—indeed, entitled to—what they referred to in English as the “first-class” or “posh” life lying within their imaginary and affective reach but which ultimately remains elusive. Retemporalization as antisuicidal self-making is thus emblematic of a broader effort to reform people's moral and practical investments in the future as the most efficient solution to Kerala's suicide problem.

This article begins by mapping the local histories of consumption and desire against which the acceleration of modern family life is dramatized by mental health experts and others. I then call attention to how vernacular and expert discourses identify the middle-class nuclear family as the site for both the production and reform of suicidal children, following this with an analysis of the techniques promoted by clinicians among their parent clients to teach children how to wait. I conclude with a meditation on another figure—the migrant anticipating deportation—to emphasize how distinct vulnerabilities and conditions of precarity situate waiting subjects in radically different ways against the prospect of self-destruction in the age of late capitalism. Holding together the figures of the spoiled child and the labor migrant illuminates how suicide prevention as skillful waiting produces subject positions necessary to forms of capitalist accumulation. If suicidal immunity is invested and built into the middle-class child as an embodied expression of added value in the form of psychological skill and the future fulfillment of latent potential (**Anagnost 2004, 2008**), the migrant taught to bide time against voluntary death is life preserved for labor exploitation.

## Local Histories Of Consumption And Desire

Thus protected by Nature's sleepless guardians, the beautiful backwaters of Travancore that weave into the land with exquisite charm lie quietly smiling, rippling, with never a frown on their faces. The cocoanut trees that line the shores of these placid lagoons in multitudinous groves give a contented people the just needs of life with generous amplitude. Everywhere in this secluded nook so richly inlaid with ornaments of nature, there is a deep suggestion of peace and plenty, of calm and contentment, just enough and no more.

—N. K. Venkateswaran, *Glimpses of Travancore*

Colonial accounts refer to the former princely state of Travancore, whose capital once stood at present-day Thiruvananthapuram, as a land of plenty. **N. K. Venkateswaran**, the Indian civil servant who reflected on the state in *Glimpses of Travancore* (1926), marvels at the satisfaction of the Malayali people who survive happily on nature's bounty, without aspiring for more. Venkateswaran's is a paternalistic song of praise for the full bellies, modest living, and childlike contentment of a people who find a sumptuous meal in rice porridge.

This vision of a land of plenty is, perhaps paradoxically, connected to a history of suicide. Consumption has been understood as a field of practice whose meanings have different histories in distinct places (e.g., **Appadurai 1996; Breckenridge 1995; Lukose 2009; Mankekar 1999**).

Discourses that link consumption in Kerala to suicide are shaped by local histories that inflect the virtues of restraint in distinct ways (see **Pandian 2009**). The state, for instance, achieved international renown by democratically electing the communist party to power in 1957, paving the way to a notable history of leftist radicalism.<sup>2</sup> With the 1970s oil boom, Kerala has at the same time become increasingly linked to the global economy through labor migration to the Persian Gulf and other regions, and through the expansion of a newly reconfigured and transnational circulation of commodities and money (**Osella and Osella 1999, 2000a, 2000b**).<sup>10</sup> The state's per capita consumer expenditure has since attained the highest levels in India (**Kannan and Hari 2002; Wilhite 2008**). In attributing Kerala's suicide crisis to the contemporary consumerist moment, mental health experts, state officials, and others reflected ideas about the threats of globalization that are mediated both by national economic transformations and regional imaginaries. Some narrated a historical and moral rupture from the temperance of Kerala's precolonial, developmentalist, or communist past to proclaim the dramatic and “unnatural” effects wrought by conspicuous consumption in the present. They did so selectively, drawing on particular chronotopes and temporal maps that play up the state's “exposure” to the dangers of globalization after long periods of leftist rule, while downplaying, for instance, Kerala's place in a vibrant, centuries-long history of transoceanic relations.<sup>11</sup>

Consider, for example, how nostalgia for the simplicity of “traditional” Kerala life informs psychosocial commentaries on contemporary developments in the state. Praising the ecological bounties and contentment of the people in precolonial times, historian **M. G. S. Narayanan** extols the once-modest needs of Malayalis: “They could manage with a single cloth and a change all round the year, and treat an upper cloth as a luxury article. ... A large number of people were accustomed to a high quality of life in what would appear like poverty in other countries” (1999:16). In terms reminiscent of Venkateswaran's, Narayanan lends weight to the trope of Malayali frugality by mooring it to an idealized past: the scholar's commendation of the former contentment of a people against the standards of what others would deem poverty sets the stage for a moral critique of the disease of consumerism associated with the present.

Other mental health experts and scholars refracted the shifts associated with economic liberalization and the overturning of the nation's Nehruvian vision of state-controlled planning through Kerala's regionally specific history of leftist radicalism and redistributive politics. Dr. Rekha, a psychology professor, argued that conspicuous consumption in Kerala violates the sociopolitical “nature” of those accustomed to communist conditions, leading to the state's rising suicides. She likened the problem to drinking, noting that as with alcohol, consumerism is at once destructive and intoxicating to Malayalis who have yet to develop their tolerance.

We have been living a simple life. But I might suddenly feel that [because] the other person has so many other things I should—just for the sake of accumulating—want the things I don't even use. For some, it [accumulation] may be natural because they have been doing this for some time. If you have a background where your father and grandfather were drinking, then you will be in the habit of drinking. But if you are doing this just to be like that other person, that is going against your nature.

Whether grounded in ecological, physiological, or sociopolitical arguments, the trope of Malayali temperance draws on selective chronotopes as the backdrop for moral plays about suicide and consumerism. In the discriminate staging of renditions of the past to pathologize the present, these narratives illustrate what Jennifer Cole and Deborah Durham refer to as “temporal folding”—the “persistence of particular ideas about the past and future in the context of intense time/space compression” (2008:12). Talk of the disease of consumerism also reveals social fault lines. As migration to the Persian Gulf has expanded avenues for upward mobility among historically oppressed caste and minority groups, narratives about the inversion of “natural” dispositions operate as sites of moral commentary by upper-caste mental health professionals on shifting regimes of social difference.

One psychologist's reflections on the need to educate Malayalis about self-control in the neoliberal moment exemplify how ideas about the developmentalist past motivate arguments for psychological training in the consumer-intensive present. Mapping a chain of events beginning with the competitive struggle between neighbors to outpurchase one another, and ending with piling loans and, ultimately, family-murder suicide, Dr. Aysha noted the endemic inability of Malayalis to restrain themselves in the face of today's material temptations: “In your country, you always know where, when, and how to act. If someone here is hungry, he may smell some food and become hungry. Even if his stomach may not be empty, his mouth may still salivate.” Drawing parallels between different kinds of appetites, she observed: “In the same way, if we put a boy and girl together, they may feel like tasting! Our people cannot control themselves. If they feel hungry, they will eat immediately. We have not yet gotten that kind of education, to know how to control ourselves.”

Dr. Aysha's description, strikingly analogous to Sigmund Freud's civilizational interpretation of sexual repression, renders Malayalis' consumerist impulses as a kind of primal urge. It moreover demarcates a developmental lag between the anthropologist's physical and moral location and that of the informant (**Fabian 1983**), by which Malayalis have yet to benefit from the kind of



modern education of desire already undertaken in the West. In resonant terms, both Dr. Aysha and Dr. Rekha attributed Kerala's suicides to the failure of Malayalis to undergo the historical experiences—indeed, the “education”—required to develop the self-control now crucial in an age of proliferating temptations. Narratives of a frugal, developmentalist, and isolationist past present Malayalis as never having wanted or aspired to more; yet as a result, neither had they learned to calibrate material desires. Kerala thus emerges in these imaginings as a place of missed developmental opportunity in a moral and psychological sense. In light of this perceived lack, suicide inoculation training seeks to induce in middle-class children the otherwise “natural” processes for learning the lessons of self-control. There are notable tensions to foreshadow here: by proposing that children be taught to resist desires for immediate gratification, these psychological discourses now cast the intensification of bourgeois practices of quality child rearing in the terms of potentially risky parenting practice. Suicide prevention efforts in the middle-class family reveal contestations and contradictions concerning what ought to constitute appropriate material investment in children as temporal subjects in the age of late capitalism. It is to these efforts that we now turn.

## Life Out Of Control And The Modern Middle-Class Family

Living in the modern world is more like being aboard a careering juggernaut ... rather than being in a carefully controlled and well-driven motorcar.

—Anthony Giddens, *The Consequences of Modernity*

Stop, Look, ... Proceed.

—Traffic signboard quoted in an advertisement for a Thiruvananthapuram suicide hotline

Suicide in contemporary Kerala is often characterized by mental health experts and nonexperts alike as distinctively and eminently “modern” in quality, indexical of the onrushing speed of contemporary life. Suicide in the state is spoken of as committed “quickly” or “without thinking.” Sumita, a working mother, described it as such: “Trivial problems are enough for some people. A misfortune will arise and in some, it quickly creates a *suicide tendency*, and they commit suicide.” Envisioned as impulsive acts precipitated by the banal frustrations of daily life, suicide in Kerala was encapsulated this way by Latif, a lawyer in his twenties: “The reason might be something like I expect my newspaper to come at six in the morning and one day if it comes at 8 o’clock, I will commit suicide!”

Eighteen-year-old Deepa went so far as to liken Kerala's suicide problem to a kitchen appliance. When asked why suicide rates in the state have increased, she explained that the Malayali mind

(*Malayali manassu*) has been swept up in the accelerated pace of modern life: “It’s like a *mixie* (electric blender), only set to *on*. Our minds have completely changed! Everything is moving fast.” Deepa reasoned that there was far less suicide in Kerala during her mother’s childhood because “back then, when they had a problem, they thought it through.” Suicide results when the whirring faculties, evacuated of temperance, calm reflection, and discretion, are taken over by unmediated, mechanical motion—a *mixie* “set to *on*.”

Neither the connection between suicide and the moral hazards of modernity nor the use of the kinetic to organize anxieties about the frenzy of urban, modern living is particularly new. The association of suicide with modernity features in the 19th-century accounts of social commentators, medical experts, and moral statisticians who took self-destruction to be the preeminent barometer of declining social health in the industrializing West.<sup>12</sup> The temporal, moreover, has been a central heuristic through which the modern—and now the postmodern—has been theorized (e.g., **Giddens 1990**; **Harvey 1989**; **Jameson 1991**). Although Kerala’s suicides were understood by some, like Deepa, to be symptomatic of a generic condition of modernity, the fatal dangers of the accelerated rhythms of everyday life were most urgently articulated by mental health experts through the pathologization of middle-class family interactions. These concerns identify a threatening contradiction between the progressive and open futurities represented by parents’ long-term investment in raising “quality” children, and the “breakdown of the temporal order of things” definitive of the conditions of late-stage capitalism (**Harvey 1989**:54).<sup>13</sup> In suicide discourses that pathologize fleeting pleasures and immediate gratification, the moral project of the modern family as a site of sustained value creation embodied in children (**Anagnost 2004, 2008**; **Devika 2007**) confronts its most feared and debased reflection in the mirror of late capitalism: the figure of the suicidal child and of dead futures. This anxiety surfaces in media accounts of Malayali parents who, unable to sustain rocketing consumer demands, go into severe debt and take their children with them in carefully planned family murder–suicides.<sup>14</sup>

The acceleration of time in contemporary parenting practice is further dramatized and experienced in opposition to what are idealized as the diffuse temporal cosmologies, slower cadences, and dissipated frustrations of the “traditional” joint family in which, as one sociology professor put it, “the bubble was never let to burst.” Sister Theresa, a trained counselor and yoga instructor, accounted for Kerala’s suicide crisis with what she observed to be a qualitative shift away from the reciprocities and interactions of joint family life: “Earlier, many children were there so they might fight with each other, there would be a lack of things, and you would not be getting everything that you’d want.” By contrast, in the nuclear family, “There are only one or

two children in the family and the parents are giving them everything. No one says 'no' to the children ... they can't take it! You cannot say 'no' to the children. Just to watch TV, two children might fight with each other and neither is giving up for the other.”

By Sister Theresa's account, in the nuclear family gratification is instantaneous, it obviates the lessons of sharing, and it is singularly telescoped into transitory interactions between parent and child, rather than stretched and sustained across generations. Nostalgia for “traditional” Kerala life by contrast presents the rates and rhythms of individual fulfillment within the joint family as protracted, unpredictable, and dispersed in ways that balanced children's satisfaction—against not only those of their peers but also those of grandparents, aunts, and uncles. In the very terms described by Sister Theresa, middle-class parents who came in for consultation at the clinical sites where I conducted observation themselves admitted to their reluctance to say “no,” as one father did after reading a news story about a boy who hung himself in his bedroom on being denied a new pair of sneakers. Dr. Mary, a child psychologist, spoke of parents flooding her office with tales of their three- and four-year-olds who, when denied treats or scolded, threaten: “I'll go and die! I'll kill myself! I'll get myself knocked down by a bus!”

Sheela, a lecturer in sociology and mother of two, mapped a chain of destruction beginning with parental indulgence in the nuclear family and ending with children's depression and suicide. She drew out the implications of raising spoiled children with no “willpower” to survive:

By *willpower* I mean that they [children] don't have the ability to face problems because of the way they are raised. [In a mocking tone]“Do you want candy? Do you want a car? Do you want a bike?” Like that, parents are buying everything for their children. So then after a while, they run out of money. When they can't buy anything anymore, the children go into a major *depression* and then they kill themselves. Whereas with *willpower*, whatever happens, we will have the ability [to face problems]. If these children had more *willpower*, they could face things better.

This description of children driven to death when the family coffers run dry hinges not on the humiliation of downward mobility but, rather, on the failure to satiate a primal urge akin to hunger. Unnecessary wants showered on the child turn into indispensable needs without which the child literally cannot live.

Sheela's observations suggest that what constitutes basic needs in child rearing and what trespasses into dangerous excess continue to shift in light of economic transformations and the rise of the modern nuclear family in Kerala. By the mid-20th century, ideas of responsible parenting emphasizing “quality over quantity” had gained widespread acceptance among the educated classes, as evidenced by the exceptional success of family planning programs in the state. The national development-led push toward endowing fewer children with better-quality resources acquired momentum in Kerala from caste reform ideologies that promoted the domestic domain as the space for molding modern, self-possessed individuals emancipated from social hierarchies of birth (*janmabhedham*) and as a vociferous reaction against the presumed neglect of children born to matrilineal arrangements lacking the longevity, investment, and stability associated with monogamous marital bonds (**Devika 2002; Kodoth 2001**).<sup>15</sup> As the small nuclear family gained ground, consumerism increasingly aligned with ideas of quality childrearing: if family planning had earlier been criticized by social reformers for facilitating a preoccupation with worldly comforts, by the 1960s material investment in fewer children had come to be seen as a marker of the progressive, “modern” family and fundamental to a decent existence, “less like over-indulgence and more like the road to the genteel life” (**Devika 2002**:48). J. Devika notes that contemporary regimes of consumption in Kerala continue to intensify in response to globalization and migration, focusing “time, energies and desires on shaping children into products saleable on the global job market” (2007:246). Some parents told me that providing everything for their children would moreover ensure reciprocities in later years: nostalgic hope for ensuring “good” family life when mature children might care for the elderly converges, albeit imperfectly, with consumer capitalism.

But if ideas about quality childrearing have in some ways found a convenient pairing with consumerism, child suicide in India's liberalization era exposes the fatal limit to this convergence of nurture and consumer capitalism. Commodities purchased for children signal shifting ideas about parental investment, value, and potential danger (**Allison 2006; Anagnost 2008**) as suggested by Sheela, whose caricature of doting parents precipitating depression and suicide in their children reveals a slip from quality care to destructive, thoughtless excess. Concerns about immediate gratification producing suicidal children therefore reveal fissures and tensions in the intensification of practices of child nurture: at its temporal extreme, bourgeois consumption leads to the production, not of quality children with the value-adding resources to thrive in life, but of undisciplined, maladjusted suicidal subjects lacking the willpower to survive.

In linking the production of suicidal children to parental indiscretion, these discourses appear to locate the very engine driving the state's crisis by circumscribing suicide risk to the home.

Although to calculate risk is to “master time, to discipline the future” (**Ewald 1991**:207), the calculation of risk is not merely progressive in orientation. Working to manage the unknown future, here risk rationalities also retroactively discipline the past by channeling all potentialities for how one suffers or fails to suffer well in life into the few formative years of childhood.<sup>16</sup> This has profound epistemological power, as the middle-class home serves then as the putative source of suicide, the place where the reasons for a given act of self-destruction may be “discovered” and justified as yet another instance of the failures of bad middle-class parents.

## Object Lessons

The same logic that censures indulgent parenting as the catalyst for Kerala's suicide crisis also identifies the reformed family as the central mechanism for the socialization and management of antisuicidal personal capacities and conduct (see **Donzelot 1979**; **Rose 1996**). As with other forms of risk control aimed at maximizing the wellness of populations, rehabilitated parenting is positioned by mental health experts as a highly efficient means for bolstering children's suicide immunities and, thus, for ensuring the psychosocial security of society at large. Suicide inoculation training mobilizes a complex conjunction of ideas about malleable selves, working in tandem, for instance, with discourses of Malayali parenting as a “craftlike activity,” where children serve as the “raw material” through which parents produce capable, self-regulating individuals for modern collectivities, as well as realize their own developmental potentials as parents (**Devika 2002**:11–13; see also **Devika 2007**; **Kumar 1997**). The Malayali child—even the spoiled one—is optimistically envisioned by suicide prevention efforts as a potentially reformable subject, but only if parents can be properly educated.

According to its proponents, the very efficacy of suicide inoculation training is that it can be installed readily in the extant interactions of household life. Clinicians like Dr. Mary suggested pragmatic ways to slow down children's demands for consumer items: “What we should advise parents is not to overindulge. Let the children be deprived of whatever they cannot have.” To restructure children's impulsive ways, Dr. Mary advised: “They should learn to wait, which will make them more tolerant.” Parents can thus inculcate in children “skills of tolerance,” and tolerance, Dr. Mary noted, “is going to be antisuicidal, isn't it? When you can tolerate so many things, it means you need not contemplate suicide at all.” Children, she concluded, “must know to wait for their wants. Don't deprive them of a need but a want. They can wait for a want.” Dr. Mary's language of tolerance proposes a hydraulic model of the self in which hardiness against explosive, self-destructive tendencies may be steadily improved over the long term through carefully calibrated doses of denial and postponement. Concrete examples of how this might be built into everyday interactions between mother and child were offered by child psychologist Dr.

Sushma: “Give them exercises wherein they have to postpone their demands. Maybe the mother and child can play: ‘You asked me for something, and I’m going to make you wait. Wait.’ Such types of exercises can be practiced.” Dr. Sushma provided an example of such an exercise: “Let’s say my sandal breaks, and I just don’t have time today to go out and buy myself a pair of sandals, so I use my old ones. So you tell that to your child: ‘See? I wanted a new pair, but since I don’t have time, I’m using these. Instead I’m using the one that is broken, and I didn’t buy a new pair immediately.’”

These didactic exercises are thus deeply relational. The mother’s ability to control her own impulses to buy a new pair of shoes is pedagogically instructive to the child, who learns and aspires to do the same. To establish and uphold the rules and strategies of the game, the mother must herself have the capabilities and the motivation to restrain herself: “How can we tell our children not to have a chocolate,” one mother put it, “if we ourselves cannot say ‘no’?” Premised less on austerity or brute deprivation than on the development of a cultivated discretion, such games do not presume the consummate skill of the authority; instead, they thrive on the limitless possibilities for the self-development of all participants.

It would serve to dwell a bit on the topic of waiting, both as phenomenological experience and anthropological object. In his ethnography among white South Africans, Vincent Crapanzano observes that “waiting for something, anything to happen” was a unifying theme in the stories he heard (1985:43). He elaborates on how waiting shapes social and metaphysical existence, describing it as “a sort of holding action—a lingering. (In its extreme forms waiting can lead to paralysis.) In waiting, the present loses its focus in the now. The world in its immediacy slips away; it is derealized.” As a kind of suspended animation, waiting among Crapanzano’s informants is passive and emptied of agency, for the future can never be sought actively: “It is without élan, vitality, creative force. It is numb, muted, dead. Its only meaning lies in the future—in the arrival or the non-arrival of the object of waiting” (1985:44). At the mercy of time, the waiting individual is subject to “feelings of powerlessness, helplessness, and vulnerability—infantile feelings—and all the rage that these feelings evoke” (**Crapanzano 1985:44**). In Crapanzano’s ethnography, waiting happens to people.

By contrast, waiting is an active process of self-making in the games promoted by those like Dr. Mary and Dr. Sushma. It is neither the suspension nor the absence of social life but, rather, a creative enterprise and an artful way of being, an opportunity for empowerment and self-improvement. Cast in the terms of a game, suicide inoculation training enacts controlled practice runs meant to circumvent serious risk; it also articulates an ethos of pleasure (**Foucault 1988**). Indeed, waiting is here meant to be fun—a friendly competition between mother and child over

who might defer desires the longest. It is the pretense of playing a game sequestered from reality and governed by its own set of rules and penalties that makes the discomfort of these activities sufferable to children. Dr. Sushma says parents should tell their children, “Just tolerate it, because it's part of the game! It's all in the game; you don't have to feel upset.” Far from happening to people, waiting is here strategically deployed and constituted within relations of power that encompass experts, parental authorities, and children.

Yet parents have not found these techniques easy to install in the home. Bindu, a working mother, caricatured the ease with which spoiling children can get out of hand: “The child says, ‘I want that! I want a chocolate!’ The parents think, ‘We have money. I’ll buy it and give it to my child.’ As this increases, bit by bit, and the demands get bigger, it gets out of control. Now they [the children] think it is their *right*: ‘I want that now!’” Bindu went on to describe how she keeps her six-year-old daughter's desires under control through the techniques of postponement advocated by clinicians like Dr. Sushma and Dr. Mary: “Sometimes when we go to the store, she’ll say, ‘I want that book, I want that other book.’ If I decide to buy a book for her today, she’ll get it only on Wednesday. I will only buy it for her on Wednesday. And only one book. Nothing more.” The management of children's desires requires skillfully balancing denial against discretionary gratification, a process that disciplines Bindu's reluctance to say “no” as much as it does her daughter's compulsions. But as Bindu recounted, denial does not always elicit the anticipated response from her child: “[If] you don't put the TV on, if you say, ‘Don't turn on the TV, [my daughter will say] ‘Then I’ll kill myself!’” Parents do not take these threats lightly, familiar as they are with media stories and rumors of children's threats resulting in fatal tragedy, acts that, perhaps intended only “to scare,” went terribly wrong. Feared are the three words that command alarming power in Thiruvananthapuram households: “I’ll show you”(*njaan kaanicchu tharaam*).

At its extreme, suicide inoculation training can have the paradoxical and unintended effect of transforming everyday interactions into zones of what Pradeep **Jeganathan (2004)** calls “anticipated violence.” Parallel to the ways checkpoints in Sri Lanka map a cartography of foretold violence in urban space, as Jeganathan observes, suicide inoculation training “delineates and focuses attention on the target,” thereby announcing “in no uncertain terms: ‘This is a target’” (2004:69). While seeking to tame the possibility of suicide, strategic denial in the home intensifies anxiety around certain sites of disciplinary reform. The suicide threat demonstrates the excesses of a domain so saturated with modes of perception and dangers that the child may upend forms of discipline by deploying what is most feared, the very utterance for which adults initially denied the child's wants: “I will kill myself.” The very “art” involved in the arts of the

antisuicidal self (**Foucault 1988**) rests, therefore, on the delicate balance of eliciting just enough frustration toward its gradual eradication without tipping the scales so far as to draw out the feared threat.

## Biding Time In The Age Of Late Capitalism

We have thus far explored children's retemporalization as a governing surface in suicide prevention efforts. No longer staged for the child as the limitless and immediate fulfillment of desire and possibility, the unfolding future instead promises contingency and denial as the principal order of things. Contrary to the social agent who avidly propels himself into the forthcoming as an expectant and anticipating subject, the cultivation of skillful waiting proffers psychological fortitude and balance as responsible insurance against the ontological insecurities of everyday life. What is at stake in learning to wait, then, is no less than the rightful attachments individuals ought to have to their everyday worlds as an unfolding of social and material possibility. Waiting is therefore a diagnostic of power relations, revealing how subjects are differently positioned against the vicissitudes of late capitalist conditions.<sup>17</sup> The suicide-inoculated child and the educated unemployed, for example, navigate investment in the future at the “cusp of hope and failure” (**Anagnost 2008:57**) as waiting subjects in unique ways. As a means of drawing out how modalities of waiting suggest the very unevenness of late capitalism's time–space compression, I turn to one final account, this one from a 2005 conference held in Thiruvananthapuram on the well-being of Malayali migrants.

On the first afternoon of the conference, a social worker based in Singapore recounted the story of a group of Malayali and Tamil laborers who arrived on the shores of the island nation-state only to discover that their employer did not exist. Their jobs had been fabricated by the India-based consultants who had extracted hefty fees from them in exchange for a chance to go abroad, fees likely paid with loans taken against the promise of future remittances sent home. Stranded, jobless, and on the verge of deportation, the men remained in the country for several weeks, waiting for their fate to be decided: should the migrants be sent home or should those with adequate skills be found new jobs? In the meantime, a local Catholic church kept the migrants fed, clothed, and sheltered during the weeks of deliberation. A local nonprofit organization offered the pro bono services of social workers, psychologists, and lawyers. Dreading the prospect of returning home in humiliation and with insurmountable financial debt, many migrants sank into despair; some threatened or attempted suicide. Waiting, the social worker observed, was arguably the most unforgiving experience these men had to endure over the course of their ordeal. It was up to the staff, she noted, to fill up their time with the minutiae of daily activities. Biding time was all that kept the migrants from ending their lives.



Waiting is one way of acutely experiencing power (**Bourdieu 2000**): who is made to wait, under what conditions, and how they are made to do so—in anticipation, boredom, or dread or with skillful patience—remind us that temporalization practices enact and are forged within power relations that produce differently situated subjects. This is evident in the local and transnational inequities that render migrant lives vulnerable to the vacillations and exploitations of global capitalism; it materializes too in the practices through which time itself can be made by experts for those who cannot make it for themselves when life's momentum is lost. The practices of self-temporalization through which attachments to social and material existence must be actively made also key us into the affective commitments with which people propel themselves into unknown, dreaded, or stagnant futures; the social and metaphysical resources from which they draw to do so; and the tragedies that transpire when those practices collapse.

Placing the figure of the migrant alongside that of the impulsive middle-class child illustrates for us how suicide prevention efforts seek to retemporalize subjects against distinct conditions of precarity. If teaching the virtues of conditioned denial through pedagogical play is intended to reform the psychologized vulnerabilities of children made too impulsive by their indulgent parents, suicide prevention among migrants awaiting deportation transmutes social, economic, and political vulnerabilities into skillful waiting by helping them cope with the insecurities of temporary contract labor. The protection of life in these two cases signifies and enables the realization of divergent potentialities: while bolstering the suicidal immunities of middle-class children ensures the realization of their latent value as developed, quality adults, the life of the migrant is preserved against willful self-destruction for future value extraction in the form of labor (see **Anagnost 2004**).<sup>18</sup>

As we continue to ride out a global recession at the time of this writing, unofficial estimates suggest that 100 to 150 Malayalis are returning from the Persian Gulf each week (**Joseph 2009**). Some find themselves stranded, deported, or returned home to face unemployment, unmanageable debt, and social humiliation. As a response to the unequal distribution of imagined possibility and foreclosure, teaching migrants to bide their time against self-destruction serves to recalibrate practical anticipation as a triumphantly liberal solution to the exclusions, prohibitions, arbitrariness, and ontological insecurities of late capitalist conditions. Those vulnerable to feeling the burden of time—those subjected to the literal meaning of what it is to say “this wait is killing me” or to be “sick and tired of waiting”—are also taught to inhabit uncertainty and contingency with poise and to disavow aspirations defined as illegitimate pretensions. Seen in this light, enterprises of self-temporalization serve to maintain global inequities in the age of late capitalism by preserving the very life to be exploited.

## Conclusion

Suicide prevention in Thiruvananthapuram teaches children how to better endure modern life. In elevating self-restraint and the skill of waiting to pleasure and civic duty, suicide inoculation training recalls for us **Didier Fassin's** observations that “not so long ago we glorified the resistance of populations; we henceforth scrutinize the resilience of individuals” (2008:532). In the sleight of hand characteristic of liberal remedies to human suffering, suicide inoculation training transmutes social justice concerns over the highest rates of unemployment in the nation, growing feelings of stagnation among young Malayalis, and the widening gap between ambitions and objective possibilities, into questions of psychological resilience and self-empowerment. As one state official so concisely captured the objectives of suicide prevention in Kerala, these efforts are ultimately meant to teach individuals how to scale back their attachments to an open and promising future—to “prepare youngsters to face the setbacks in their lives.” When these solutions fall short, suicide registers not the social inequities that shape conditions of suffering but, rather, the moral failures of those incapable of enduring the uncertainties and disappointments of life with balance and bearing.

We have seen how the kinematic configuration of accelerated (e)motion through which suicide is modeled and problematized proposes an architecture of the self deemed necessary to the moral challenges of middle-class family life in late capitalism. Those who insist on the eminently modern quality of suicide in Kerala position immediate gratification against longer histories of self-restraint in a now-remote land of sated needs. Although conversations about the suicide problem do at times spill over into other tributaries of meaning—occasionally the state's rising suicide rates are attributed to a Malayali “suicide gene,” for instance—the critique of bourgeois consumption commands a critical purchase in shaping the scope and methods of suicide prevention efforts in the state.

Out of this chorus of concerns, the nuclear middle-class family emerges as both the putative breeding ground and corrective for Kerala's suicide crisis. By taking the presumed dysfunctions of the middle-class as their battleground, experts and parents struggle to save elite lives; yet these efforts ironically veil the complexities of suffering among their target population, while bracketing the larger social conditions that create insecurity and inequality among those who fall outside its domain. As the poor continue to flood the waiting rooms of Thiruvananthapuram's state-run psychiatry departments, Kerala officials insist—as did a high-ranking government servant at a state-sponsored workshop on suicide prevention—that “the poor do not commit suicide.” Inured against suffering because violence and hardship are “their way of life” and

lacking as they do the dreams, aspirations, and desires driving others to death, the poor, many contend, are immune to self-destruction.

The critical engagements presented here suggest that waiting, perhaps more than any other form of temporalization, dramatizes relations of power in the age of late capitalism: who is made to wait and how contingency is inhabited tell us as much about social and economic inequities as it does the resources that differently situated subjects draw on to render time sufferable or anticipatory, boring or hopeful. It also reveals how self-temporalization practices are recruited as a governing surface for experts to manage how we invest in the future as an unfolding of social and material possibility and who is accused of inappropriate pretensions or of behaving recklessly when they do. To tolerate contingency with cultivated skill alchemically transforms the ontological insecurities of late capitalism into a rousing cry to be modern enough to endure modern life well.

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## Notes

1. According to the Kerala State Mental Health Authority, which compiles its data from state and national crime statistics, the suicide rate in the state has been triple the national average since the 1990s, though it has been decreasing since 2003. In Thiruvananthapuram district, the suicide rate jumped from 17.2 per 100,000 in 1995 to as high as 41.4 per 100,000 in 2001. The KSMHA also reports that in 2009, 0.8 percent of suicides were committed by children 14 years old and younger. For more statistics, see <http://www.ksmha.org>.
2. The word *Malayali* identifies speakers of the Malayalam language, the state language of Kerala.
3. I use the term *mental health experts* to refer to social workers, counselors, psychologists, and psychiatrists working primarily within Western-identified paradigms of mental health.
4. I thank the editors, an anonymous reviewer, and Peter Redfield for helping me to clarify this point.
5. The bulk of this research was conducted over a continuous 23-month period spanning 2005 and 2007. Participant-observation was conducted during outpatient receiving in the psychiatry department of a state-run hospital, and in the psychology department of a private hospital.

Fieldwork also included interviews with state officials, suicide attempters, and the family survivors of suicide, as well as life and oral histories with young adults.

6. Ritty Lukose (2009:45) similarly observes that conspicuous consumerism, by which people are said to drive themselves into debt from living beyond their means, is a prominent cause attributed to suicide in Kerala that is often linked to Gulf migration and globalization. Other reasons I encountered in interviews were the privatization of education in the state; the rise of copycat acts; and the gap dividing educational achievement and aspiration from employment opportunities. See also Halliburton 1998.

7. Sangari (2003) suggests that, rather than promoting strictly anticonsumerist or Gandhian notions of austerity, there is a “schizophrenic” stance within the Hindu Right that pulls its ideological commitments toward both neoliberal economic policies favored by their middle-class and capitalist vote bank and their assertions of cultural nationalism (Sangari 2003).

8. On the basis of its exceptional development profile including high levels of literacy and low levels of fertility and infant and adult mortality, Kerala has been lauded by some as a model of development (Franke and Chasin 1992; Jeffrey 1992). More recent debates have been waged over the state's development “successes” and “failures.” Among the latter is often cited the state's high unemployment rate. Unemployment rates vary widely across the different districts in the state, and in 2003 the rate was 34.3 percent in Thiruvananthapuram district as compared to 9.6 percent in Idukki district (Zachariah and Rajan 2005:16).

9. Although the postindependence period in the state has been dominated by alternating shifts between Left and center-Left coalition governments, redistribution policies remain an important domain for democratic politics. See Parayil and Sreekumar 2003.

10. Emigration to the Persian Gulf region from Kerala is composed of a disproportionately large number of unskilled, semiskilled, or nonprofessional skilled workers. Although migrants are predominantly male, female nurses form a significant and important dimension of this migration (Percot 2006).

11. The location of the Malabar coast on the southwest coast of the Indian peninsula, at the nexus of Indian Ocean trade routes between the Middle East and southeast Asia, made it the epicenter of a long history of trade and intercultural contact. A growing colonial plantation economy in southeast Asia and what is now Sri Lanka also pulled migrant labor from this region beginning in the 19th century.

12. In one of the first statistical studies that confirmed the link between self-destructive behavior and what was assumed to be the defining conditions of modernity, Henry Morsell noted that suicide was “the fatal disease of civilized peoples” (1882:13). Émile Durkheim (1951) also suggested that the incidence of suicide is a function “of the level of civilization.” For more on the association between suicide and modernity, see Kushner 1993.

13. I thank Anne Allison for helping me to clarify this point.

14. Family murder–suicides have been on the rise since the 1990s in Kerala. In 2007, the state accounted for 39 of 100 cases nationwide, followed by Andhra Pradesh, which reported 34 (National Crime Records Bureau, Government of India).

15. In communities practicing matriliney, or *marumakkathayam*, property was collectively owned by the members of the matrilineal joint family and kinship was traced on the female side and inheritance maintained along the female line. Matrilineal practices were hardly uniform or static but in fact demonstrated a flexibility and diversity across groups and over time. See Saradmoni 1999.

16. Identified as a hallmark of the modern (Beck 1992; Giddens 1990; Hacking 1990; Luhmann 1993), risk discourses have more recently been connected to the political rationality of neoliberalism, in which risk avoidance is a critical component in the formation of responsible, self-regulating subjects (Burchell 1996; Castel 1991).

17. I thank an anonymous reviewer for encouraging me to elaborate on this idea.

18. I take inspiration here from Ann Anagnost's (2004) discussion of the shift in representations of value in China's movement to a market economy. Anagnost notes that middle-class parents' rigorous practices of nurture and the figure of the child as a fetishized site for the accumulation of value position the rural migrant as a site for value extraction, “a ghostly double of the child in an overturning of how value is materialized” (2004:191).

## Editors' Notes:

*Cultural Anthropology* has published a number of articles on family, including **Daniel Fisher's** “Mediating Kinship: Country, Family, and Radio in Northern Australia” (2009), **Lieba Faier's** “Runaway Stories: The Underground Micromovements of Filipina Oyomesan in Rural Japan” (2008), and **Naveeda Khan's** “Of Children and *Jinn*: An Inquiry into an Unexpected Friendship during Uncertain Times” (2006).

*Cultural Anthropology* has also published a number of articles on consumption. See, for example, **June Nash's** "Consuming Interests: Water, Rum, and Coca-Cola from Ritual Propitiation to Corporate Expropriation in Highland Chiapas" (2007), **Robert Foster's** "The Work of the New Economy: Consumers, Brands, and Value Creation" (2007), and **Pun Ngai's** "Subsumption or Consumption? The Phantom of Consumer Revolution in 'Globalizing' China" (2003).

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