

Suffering, frustration, and anger: class, gender and history in Sri Lankan suicide stories

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Abstract

This paper explores competing stories of suffering, frustration, and anger that shape the performance and reception of suicidal behaviours in contemporary Sri Lanka. Drawing from the results of twenty-one months of ethnographic fieldwork, I show how suicidal acts fit within broader narratives of class and gender experience and expression that draw from contemporary and historical 'folk' and 'state' discourses. Debates over whether suffering, frustration, and anger are legitimate socio-effective states to exhibit come to determine the kinds of claims and counter-claims that suicidal people on the one hand, and those charged with their treatment and management on the other, can make with regards to the efficacy of suicide as a means of social action. Through such debates, not only what it means to be suicidal in Sri Lanka but also what it means to be middle class or working class, male or female, are made and remade anew.

Keywords: suicide, class, gender, history, Sri Lanka

Introduction

Since the middle of the twentieth century suicidal behaviour has occurred at extremely high levels in Sri Lanka, with suicide rates numbering amongst the highest in the world (Eddleston *et al* 1998; Kearney & Miller 1985). The appeal of suicide seems to have stemmed from its use as a socially appropriate form of moral regulation within interpersonal relations, by which those otherwise constrained in their actions might right perceived wrongs, or challenge the behaviour of others (Widger 2012). As several have noted (Hewamanne 2010; Marecek 1998; Marecek & Senadheera 2012; Niehaus this volume; Spencer 1990a, 1990b), in Sri Lanka when somebody attempts to kill themselves or succeeds in doing so, the question that most often arises is not 'why' but 'who' (see also Wolf 1975) By asking 'who,' people in Sri

Lanka try to establish who it was in the victim's household (*gē*) or kin group (*paramparā*) that acted in such a way as to drive the person to take his or her own life, and single them out for public blaming and shaming accordingly. By establishing 'who,' 'why' is also taken care of.

Yet the extent to which such causes and consequences of suicidal behaviour may be accepted is by no means given, with 'who' often being a hotly debated question. In the Madampe Division of the Puttalam District in northwest Sri Lanka, claims and counter-claims of 'who is to blame' for an act of self-harm or suicide death are also the subject of attempted regulation, by the relatives and friends of the suicidal individual as well as the state. Those who see themselves as, or are regarded as, responsible for the prevention of suicide, from parents and teachers to police officers and doctors, seek to remove the social and moral potency of the act by pointing to its immoral or pathological core. In so doing it is hoped that the functional efficacy of suicidal behaviour will be lost, and its appeal as a kind of moral regulation diminished. Through the debates that emerge over suicidal behaviours' possible causes and consequences, prevailing notions of class and gender are supported or challenged, sometimes creating them anew.

When people in Madampe talk about suicidal behaviour, they often use the phrases 'suffering' (*dukkha*), 'frustration' (*asahānaya*), and 'anger' (*kopeya*). Expressing elements of popular social psychology deriving from Buddhist and Ayurvedic roots (Obeyesekere 1985), they also indicate competing class and gender status concerns and prejudices that the suicidal act itself might have been performed to affirm or contest. While claims of suffering are typically made by middle class people and middle class men in particular, claims of frustration and anger tend to be found amongst working class men and women respectively. Suicidal performances and their accompanying discourses become literal and figurative battlegrounds upon which local class and gender ideologies and structures are affirmed or

denied, in some cases asserting notions of masculinity and middle class power and control and in others maintaining or challenging subordinate female roles and working class prejudice. Discourses of suffering, frustration, and anger form ‘suicide stories’ within and through which understandings and experiences of class and gender are made and remade anew. In turn, class and gender concerns shape individuals’ pathways to suicidal acts, shaping why, how, and with what consequences.

Yet local studies stories are not simple reflections of folk suicide ontologies. Suffering, frustration, and anger have a history in colonial, post-colonial, and contemporary state discourses and policies aimed at addressing everyday forms of violence in the country, including suicide, homicide, and civil and ethnic unrest (c.f. Spencer 1990a). How various actors cast here as the state – police, medics, welfare officers, psychiatrists, and others – have used local suicide stories of anger, frustration, and suffering for their own ends and in so doing taken on other meanings have in turn ‘looped’ (the term is Hacking’s [1995]) back to local suicide stories to give them their contemporary forms and meanings is a question of obvious concern. Both folk and state suicide stories contain the seeds of power and resistance (Brown 1986) at multiple levels of social action and interaction, from interpersonal relations to government development programmes, and ultimately form commentaries on problems of globalisation and global capitalism (Hewamanne 2010).

This paper explores, first, folk suicide stories as they are defined and deployed in Madampe today; and, secondly, their colonial and post-colonial histories since the mid 1800s. The paper begins by introducing the fieldwork setting, and the basic patterns of suicide found there. I then move on to discuss suffering, frustration, and anger suicide stories in turn, showing how as ‘cultural scripts’ they direct people’s actions in terms of becoming and being suicidal. Next, I examine state appropriations of anger, frustration, and suffering suicide stories by colonial British officers, post-colonial policy and welfare administrators, and

present day mental health workers. Finally, I map the ways in which folk and state suicide stories are used to make claims and counter-claims concerning the social and moral causes and consequences of suicidal behaviour, and how such debates direct the possible interpretations and meanings of suicidal acts as performed by different kinds of people.

The fieldwork setting

The Madampe Division sits at the northern end of the huge urban sprawl that characterises Sri Lanka's western and southern coastline. Best described as a 'peri-urban' locality, the Division is home to two small towns – the 'Old Town,' predominantly Muslim, and the 'New Town,' predominantly Sinhala Buddhist and Roman Catholic – surrounded by numerous other Sinhala suburbs and villages. For local people very strong village (*gama*) identities and ancestries demarcate these places, which physically are often indistinct. On the one hand there are the '*purāṇa*' (ancient) villages, which pre-date British colonialism and are said to be home to '*paramparā*' (amorphous 'pedigrees' or kin groups who share a common ancestor) with long genealogies in the area. On the other hand there are the modern '*estate*' villages, which have been created since the 1930s under the British administration's Land Development Ordinance, a waste land colony scheme designed to provide landless families with a place to live (see Widger 2009: chaps. 2 and 4 for a fuller discussion).

In Madampe, whether or not one is resident of a *purāṇa* or *estate* village goes a long way to determining one's social status and life chance. *Purāṇa* people tend to be of high caste and middle class status, while *estate* people are of middle and low caste and working or labouring class status. In addition to residence, class status is also derived of course from employment status and all the trappings of education and economic worth associated with that. Madampe's economy is mixed, with the population employed roughly three ways between coconut plantation agriculture, the light manufacturing of coconut products and

garments, and scales of public and private sector clerical and management work. *Puraṇa* people are usually employed in government service, although increasing numbers are shifting over to the growing and more fashionable private sector. *Estate* people, meanwhile, like their recent ancestors, work on the coconut plantations or else in the factories that are typically placed on their village borders (Widger 2012).

Levels of suicidal behaviour in Madampe are somewhat lower than in other parts of the island, for example the Mahaweli colonies in the east of the country (Kearny & Miller 1985). However, during my fieldwork suicides occurred, on average, on at least a monthly basis, while acts of self-harm occurred on a weekly basis and suicide threats, which are very much part and parcel of everyday discourse, on a daily basis. The kinds of problems that people suggested caused these different kinds of suicidal behaviour centred on the turbulence of everyday life in a rapidly globalising locale, with the stresses and strains placed on *gē* and their *paramparā* by changing notions of domesticity, relatedness, and kin morality being chief amongst them. In particular, disputes that arose between parents and their children, spouses, siblings, and men and their *massina* (male cross-cousin/brother-in-law) concerning the proper nature of duties and responsibilities of one vis. the other were carried through into acts of suicidal behaviour (Widger 2012).

Local suicide rates and the nature of suicidal performances were influenced by issues of class, gender, and age. Local hospital and police data drawn from the years 2001 to 2006 revealed that acts of non-fatal self-harm were committed mostly by young unmarried men and women aged between 16 and 24, while acts of completed suicide were committed mostly by middle aged men. Middle aged women showed the lowest rates of self-harm and suicide of all. Within this, it seems to be working and labouring class men who committed suicide most often, while youth of all classes committed self-harm. Of the few older women who committed suicidal behaviours, they too tended to be of working or labouring class. Finally,

with regards to religion, suicidal behaviours were over-represented amongst the Buddhists, under-represented amongst the Catholics, and almost completely absent amongst the Muslims (see Widger 2009: chap. 3 for a full review of local data).

A much discussed feature of suicidal behaviour in Sri Lanka has been the often public nature of its enactment. In Madampe, many cases of self-harm occurred in the presence of family members, who were often, although not always, those people whom the self-harming person felt to be the root cause of whatever troubles were bothering them. Fatal suicides, meanwhile, tended to occur privately: for example in the middle of a coconut estate, paddy field, or at the coast. This feature has proved to be of particular interest to suicide researchers in Sri Lanka, and has been linked to the idea that suicidal behaviours – especially suicide threats and self-harm – are performed to fulfil some social function, such as to cause others ‘shame’ (*läjja*), a socio-affective state that implies ‘loss of face’ and attraction of public ridicule (Hewamanne 2010; Marecek 1998; Marecek & Senadheera 2012; Spencer 1990a, 1990b; Stirrat 1987; Widger 2009, 2012).

In Madampe, the distinction between private suicide and public self-harm was not, however, a clear one, as ‘private’ suicides always had public consequences and ‘public’ acts of self-harm always had dimensions that remained unknown. Despite this ambiguity – an ambiguity which was debated as part of the process of claim and counter-claim that followed a suicidal act – people in Madampe were clear about what, for them, was a private suicide and what was public self-harm. If the suicidal person was in the physical presence of one or more people, the act was assumed to have some kind of social function (such as communication or protest); if the person was in the middle of a paddy field with no one for miles around, it was not. In this way, public self-harm was *supposed* to be *interrupted* and *interpreted*: an outcome not meant for private suicides, even if that did sometimes anyway occur.

Anthropologists studying suicide have noted how suicidal performances follow predictable ‘cultural scripts’ (e.g. Counts 1991). In Madampe, for example, middle class men and women generally perform lethal suicides privately, whilst working class men and women and youth generally perform non-lethal suicides publically. In the next section I discuss how such performances and outcomes do not arise randomly or simply because men prefer ‘hard’ methods of suicide and women ‘soft’ methods (as is often suggested, e.g.: Williams 1997), but instead because to do so fits within prevailing suicide stories that shape people’s ideas and understandings of what kind of behaviour suicide is, how it might be performed, and why it might be resorted to.

Suffering, frustration and anger: elements of folk suicide stories

Alongside the ‘everyday’ relational problems that people reported as being the cause of self-harm or suicide, there existed a set of folk suicide stories by which people in Madampe sought to make sense of, and stake claim to, the causes and consequences of suicidal acts. People who ascribed completely different precipitating causes and meanings to their suicidal actions (or those of others) nevertheless turned to a well rehearsed triad of phrases, including suffering (*dukkha*), frustration (*asahanaya*), and anger (*kopeya*), when doing so. Jeanne Marecek (1998) also found that these terms were integral to how people in Sri Lanka make sense of suicide. In Madampe, the socio-affective ‘states’ of suffering, frustration, and anger were said to exist as ways of being that were possible to experience individually, but also oftentimes cumulatively; conditions that gave rise to suffering, if remain unaddressed, could lead to frustrations of two distinct kinds (‘mental’ [*manasika*] and ‘sexual’ [*lingika*]), which in turn, if provoked, erupt in ‘sudden anger’ (*ikman kopeya*).

Suffering suicide

The emotion of suffering is said by people in Madampe to be experienced widely, as an almost inevitable condition of 'modern' life. For Madampe people the idea of suffering evokes a kind of mental distress arising from a myriad of everyday and more unusual problems. Suffering also implies a kind of 'sorrow' or 'hopelessness' at an inability to change things, from interpersonal disputes to 'the rising cost of living' to the 2004 tsunami. Politicians have picked up on this, often framing policies and initiatives as efforts to 'reduce the suffering of the people.'¹ In these more general contexts suffering is said to be experienced collectively by the nation at large and to be caused by big impersonal forces such as 'the economy' or 'globalisation.' Such refrains are heard throughout Madampe, amongst both old and young: 'the cost of living rises every day, that is why we are suffering' said one 13 year old boy I knew, echoing his parents' fears, but also those of his own.

Suffering in these normative senses is not thought of in Madampe as being likely to lead to any particularly extreme social or emotional response. Everybody suffers; it is just the way of the world, and one must get by as best one can: suffering, then, is inevitable. In this way suffering is thought of as an expression of popular Buddhism, but one that is found too amongst the Roman Catholics. And indeed for some release or salvation from suffering may be achieved through religion, in the ways that Obeyesekere (1981, 1985, 1990) and Stirrat (1992) have described. As Obeyesekere (1981) has suggested, through religious practice states of suffering (as well as frustration and anger) can become attached to and transformed by religious concepts, which offer a framework for understanding and so managing feelings of suffering, and getting by in life. Stirrat (1992), working just a few miles from Madampe, recorded how some Catholics appeased their own suffering through participation in exorcism and other rituals.

¹ During my fieldwork I was often intrigued by the extent to which Sri Lankan politicians as well as heads of state framed their policies and programmes in terms of reducing the suffering of the people rather than, as would seem to be more common in the west, increasing their wellbeing.

Yet sometimes suffering can exceed normative expectations, and detach from the religious practices that may have previously helped to quell it; suffering can then become excessive. In Madampe, suffering can also become excessive simply because very few people recognise the efficacy of religious practices; the causes of and possible responses to suicide are almost exclusively thought about in everyday, mundane terms (c.f. Marecek 1998). The ‘excessive’ or ‘mundane,’ as opposed to ‘populist-religious,’ experience of suffering is what people in Madampe say can lead to frustration and anger; excessive suffering is also said to be a cause of suicide. In this form suffering is arguably very similar to what psychologists might call depression, although ordinary people in Madampe would never use that term. In any case, excessive suffering can include a range of *unmanageable* negative feelings such as helplessness, hopelessness, and worthlessness, which are brought on by the actions or demands of others. For example, Karunawatti, a 45 year old housewife, attempted suicide after being subjected to years of violent abuse by her drunken and jealous husband, who continuously accused her of having affairs, including with her own father. Regi, a 45 year old man, swallowed pesticides after being separated from his wife for four months. The separation had initially been instigated by Regi’s alcoholism, and subsequently ‘formalised’ by his wife’s intent to migrate to the Middle East to work.

In Madampe, however, it is men and the middle class, and middle class men in particular, who are thought to be most at risk of such ‘suffering suicides.’ One reason that people in Madampe give for this is men’s general lack of participation in religious activity and family life when compared to that of women, which people say means that men are less able to cope with their problems and so suffer excessively. As one mental health clinician commented:

Men have so many problems, much more than women or children...But they don't have any kind of support. They don't go to the temple, and they don't stay at home. They just go to the bar and drink.

There is, however, another reason for middle class men's association with suffering suicide, and this derives from the ways in which men may legitimately express excessive suffering at all. Men's absence from the temple is one indication of this, as is the way in which suffering suicides tend to be performed. Public declarations of excessive suffering, be it through religious expression or public acts of self-harm, are thought to be wholly inappropriate expressions for middle class men to engage with. As ethnographic studies of religious expression amongst Sinhala Buddhists have demonstrated (e.g. Gombrich & Obeyesekere 1998), devotional forms of Buddhism have been rejected by the middle class, who have adopted instead a highly personalised and constrained approach that Obeyesekere (1979) has termed 'Protestant Buddhism.' The comportment expected by and of middle class men, in both religious and social life, is one of 'calm and quiet' contentment (*sahanaya*). If and when problems or misfortunes occur, 'respectable' men must deal with them without recourse to bother and fuss, but rather through a determined yet unstated action. This may be through a private act of worship at home or through an act of self-destruction that should also be subtle and leave little trace. Suffering suicides are, then, typically also 'private' suicides.

By way of illustration, consider the case of Roshan, a 22 year old man who upon leaving school at age 18 with three 'A' Levels obtained an apprenticeship under a welder in a garage. Welding is a highly sought after and well paid skill in Sri Lanka, and as such Roshan's long term prospects looked to be good. In time Roshan began a love affair with his employer's sister's daughter. Their affair was conducted in secrecy for around half a year before Roshan's employer discovered it. Thinking the relationship inappropriate he

demanded that it stop, and scolded his niece for her indiscretions. He also threatened Roshan with unemployment if he insisted on pursuing the affair. Caught between his love for his girlfriend and his career, Roshan told me that he felt to be ‘suffering on all sides,’ and drank poison. This he did away from his family, after which he went to bed to die. However, he was discovered ill later that night and rushed to hospital, where his life was saved. By all accounts Roshan had ‘really’ wanted to die, and was invited to attend counselling for several months following the event, having been diagnosed with depression.

A final issue with regards to the appearance of middle class men’s suffering suicides is that of men’s status within the *gē*. The normative structure of the middle class *gē* places men in the position of patriarch, and his position at the head of the *gē* is assumed to be unquestionable (Widger 2009). It is for this reason that people say middle class men are distant from their families, and so exposed to greater risk of suicide. But questioned it very often is, both by married women’s status within the *gē* which, despite gender rhetoric, makes them decidedly more powerful than men in everyday terms, and also by children, whose own behaviours often run counter to the expectations that fathers lay down (Stirrat 1989). When problems for men surmount as a result of their status being challenged, it is considered inappropriate for them to react in any overt kind of way. As men in Madampe would see it, such a response would not only be accepting the premise of their lost status, but also draw attention to it (Niehaus this volume; Widger 2009). Far better, then, to withdrawal quietly, through an act of private suicide.

Thilakarathna, aged in his 40s, committed suicide following a dispute with his wife. The local coroner collected her statement:

My husband was an alcoholic. He had been addicted to arrack for five years. He quarrelled with me because he asked me for some money [for drinking] but I didn’t

give him any. After that he took money by force and went out. He came back after four days and he asked for two sarongs and a shirt. The doors of the house were locked but I didn't open them. I opened a window and gave him the [clothes]. After that he went away...Manju, who works with my husband, came and told me that [Thilakarathna] had hanged himself from a tree at the estate [coconut plantation]...I think that the reason for his death was our family problem [pavula prashna, marital quarrels] and his drinking.

While Thilakarathna's wife statement is of course only a one-sided view, several key elements of suffering suicide are found within it. It was the wife, not the husband, who controlled the flow of household money, and Thilakarathna had to ask her for funds in order to go out drinking with his friends. In Madampe wives' refusals to hand over money for drink often leads to suicidal behaviours, although in this case Thilakarathna took the money by force. Nevertheless, in so doing he transgressed an important division of domestic labour within the *gē*, and did not return home for several days. But when Thilakarathna did return, his wife refused to admit him, passing instead the sarong and shirts through a window. Thilakarathna took himself to a quiet place in a coconut plantation and killed himself.

Frustration suicide

Excessive suffering does not always lead to suicidal behaviour, and if not then people say frustration may develop. There is no clear line between excessive suffering and frustration. Excessive suffering is said to become frustration when it manifests in two distinct experiences of 'mental frustration' (*manasika asahanaya*, or *manasika prashna*) or 'sexual frustration' (*lingika asahanaya*, or *lingika prashna*). Mental and sexual frustrations are,

therefore, understood as being the consequences of unchecked kinds of suffering in occupational life and financial matters on the one hand, and love or marriage on the other.

With regards to occupational life, people in Madampe understand the concept of work and career broadly, encompassing both employment and housework within them. A man's (and increasingly a woman's) failure to find or progress in work is understood as having the same kind of emotional implications as that of a woman (and increasingly a man) who toils 'all day every day,' at her (or his) housekeeping and child caring chores. Again, feelings of hopelessness and helplessness are paramount here. But due to their prestige and financial reward, middle class occupations are not thought of as being very likely to lead to frustration. Although people with respectable and comfortable middle class jobs in the public or private sectors may have just as many worries as working or labouring class people, they would never talk about them in terms of frustration. Working class people and labourers, however, do talk about their problems in such terms, and of those frustrations as being caused by the hard physical demands and poor financial recompense of their work.

As such, mental frustration and frustration suicides tend to be found most often amongst working and labouring class men and women. Often central to frustration was men's ability to make a living, and wives' responses through scolding them for being unproductive or wasteful of household resources (as in the case of Thilakarathna). For example, many men performed suicidal behaviours due to financial problems, while others did so because of their inability to repay a loan. In other cases still men performed suicidal behaviours in order to protest against or prevent wives' decisions to migrate abroad, an act which upsets the gendered division of domestic labour. Priyantha, a 22 year old man, self-harmed after being discovered having an affair by his wife. Priyantha claimed to have embarked on the affair because of her intention to migrate, of which he did not approve, and was causing him to feel

‘mental frustration.’ Following his self-harm the wife abandoned her plans, and Priyantha ‘reassumed’ his role as chief breadwinner.

Love and marriage, then, as dependent on success in occupational life as they are on attraction, commitment, and family approval, are also understood as carrying risks of frustration should they fail. Love is so viewed because it is often unrequited, or else faces barriers to realisation in Madampe’s strict environment that not only prohibits love affairs between youth but also mixed-sex socialisation of almost any kind. For Madampe people, romantic love can often turn into (or already just is) sexual lust; unreleased sexual lust implies sexual frustration. Similarly, marriages are said to fail precisely because they lack enough sex. Frequent sexual relations between spouses are considered to be the essential ingredient in any good family life: it ‘provides the oil that greases the machine,’ men say. Men point out that if sex is removed from marriage, then all of the ordinary stresses and strains of married life, including mental frustration, can take over, and families flounder.

For young people suicidal behaviours are especially linked to sexual frustration. The majority of suicide threats, acts of self-harm, or self-inflicted deaths of unmarried people that I investigated involved unrequited or lost love in some way. Saduni, 21, had recently broken up with her boyfriend. She began making suicide threats to him over the telephone, and through written letters. A few weeks later she announced she had purchased some pesticide, after which her friends intervened, and she threw the pesticide away. Dilshan, 18, had plans to move to Japan, to live with his uncle. He asked his girlfriend to marry him so she could also go, but she refused, wanting to stay in school and go to university. Dilshan, experiencing mental and sexual frustrations, attempted suicide in what people called was an effort to ‘abuse’ her. Arsha, 15, began a love affair with a man, aged 18. When her parents found out about the affair her father beat her, and demanded that it stop. As a result Arsha swallowed poison. In many other cases, however, threats or fears of suicide were often enough to push

parents into accepting a romantic relationship, especially if the youth agreed to obey some of their terms: ‘These days we can’t scold our children,’ one parent lamented, ‘in case they jump down the well!’

Thus, while suffering suicides tend to be performed as a means of ‘escape,’ frustration suicides were more likely to be performed with a more specific kind of social function in mind. For these reasons frustration suicides may either be committed quietly or loudly, privately or publically, principally depending upon the social status of the person, and how they may be constrained by social conventions that regulate emotional expression. Women and younger people are in positions of normative subordination vis-à-vis husbands and parents respectively, and so for them it is inappropriate to express forms of protest or complaint in direct ways (Spencer 1990a). However, just as in ‘working class’ devotional religious practices (Gombrich & Obeyesekere 1988), expressive suicidal behaviours subvert this expectation, and the act gains social and political potency, and the ability to alter normative expectations.

Anger suicide

Frustration is said to be caused by the ‘external’ suppression of ‘internal’ desires for changes or successes in matters of work and love. The reverse force of long-suppressed frustrations when they are released typically results in eruptions of what is called ‘sudden anger’ (*ikman kopeya*). Often, people say, only apparently ‘trivial’ things can be enough to spark a burst of anger; typically these involve encounters with others that have directly affected self-esteem and public standing, and caused shame. For example, a 24 year old man called Pahansilu told me that he became ‘suddenly angry’ after he felt that his girlfriend was not listening to him. Roshan, a 26 year old man, claimed that he ‘suddenly got angry’ after a telling a young woman that he loved her, only to be rejected. People say that suicidal behaviours that occur in

the context of sudden anger appear to be ‘impulsive,’ and to have arisen with little or no prior warning and no prior planning.

It seems that young women in particular associate themselves with anger suicide. Self-harm patient histories held at the Chilaw Mental Health Clinic provide dozens of insights into women’s anger suicides, with almost none found in male self-harm records. Charmali, 27, swallowed poison following an argument with her husband during which she said she became ‘suddenly angry.’ Anusha, 25, swallowed hair styling gel after her mother-in-law told her that people were criticising her husband, about which she became ‘suddenly angry.’ Harshani, 17, swallowed poison having become ‘suddenly angry’ after her grandmother scolded her. Nishani, 27, swallowed fertilizer after becoming ‘suddenly angry’ at her husband, with whom she had been arguing.

Anger suicides, like frustration suicides, exist as idioms by which the structural constraints limiting actions that might bring about change can be circumvented. In this case, however, it is not just the class position of working or labouring men and women or the love problems of youth that cause suicides; it is also the subordination of women in the domestic realm by men or mothers-in-law that is at stake. Anger is a direct challenge to the patriarch or matriarch in the sense that it allows the expression of a highly taboo emotion that cannot be vented by other means. By so doing women are reproducing the very structures and strictures of inequality that led them to suicidal performances in the first place (Brown 1986; Hewamanne 2010). Nevertheless, for fear of being held responsible for causing a suicide patriarchs and matriarchs may be forced to bend their rules and allow women to open up new spaces for action in their lives.

Suicides of negation; suicides of creation

For analytical purposes I have overdrawn the distinctions between suffering, frustration, and anger on the one hand, and class, gender, and age on the other. As the examples mentioned throughout have suggested, 'real life' is rather messier. But nevertheless there are also visible trends, and these are created by the social structures within which Madampe people are acting. These tend to funnel middle class people and men towards suffering suicide, and working and labouring class men, women, and youth towards frustration or anger suicide. The ways in which suicidal people tell their own versions of each of 'suicide story' thus has consequences for how their claims against others – accusatory or not – will be heard. Middle class men tell stories of suffering which seek to consolidate their position within family and community as the patriarch, while working class men and women and youth tell stories that challenge their subordinate status.

In this way, suicide 'creates' as much as it 'negates.' Suicidal behaviour helps people to construct and live their own understandings of the world as much as it enables them to challenge or escape the world, the ramifications of which also of course come to reshape, in a piecemeal way, the social order. Ideas of gender, age, and class are especially susceptible to this. Normative understandings of dominant masculinity are 'defended' by suffering suicides and frustration suicides, while those of subjugated femininity or youth are 'challenged' by anger suicide. Priyantha 'regained' control over his wife by committing self-harm, and prevented her from migrating. Any number of teenage daughters and wives halt abuse within their homes through suicidal behaviours that advertise their plight to the wider community. Similarly, understandings of middle class and working class status as well as ideas of youth are defended or challenged by suffering, frustration, and anger suicides: the respectable man commits suicide privately, causing little bother or fuss; frustrated youth seeking a place in the world self-harm publically. Through the many hundreds of such cases that occur in Madampe

each year, prevailing ideas and practices of power and status, of what it is to be a man or a woman, young or old, rich or poor, are made and remade anew.

But suicidal people are not the only people – nor usually the most vocal – who tell suicide stories. Other people, existing at varying degrees of separation from suicidal people, also tell stories. Immediately connected to the suicidal person are those that he or she wishes to blame for causing excessive suffering, frustration, or anger, and in whose interests it is to dismiss the suicidal person's act as illogical, misdirected, or irrelevant. At the farthest remove are the state and the local level agents employed by public institutions of law enforcement, social welfare, and medicine. The ways in which 'front line' suicide management and prevention staff talk about and deal with suicide reflect a number of influences, including their professional training and official governmental strategies and policies. Together, they amount to what I call state suicide stories. While there is no definite break between these kinds of suicide stories and folk suicide stories – indeed it is extremely likely they have developed hand in hand – they do have a social and moral life of their own that is independent from folk suicide stories found in Madampe. It is to this issue – and the ways in which state stories reflect or differ from folk suicide stories – that I now turn.

Anger, frustration, and depression: colonial and post-colonial histories of suicide stories

Throughout the history of Sri Lanka's twentieth century suicide problem and before it, colonial, post-colonial, and what I call 'globalised' medical officials (those who have received training in western psychiatry), have told their own suicide stories, and in so doing tried to make pathological what suicidal people have often considered logical. For them, suicide has overwhelmingly been seen as a legal, social, or health *problem* that has required management and control. Through such endeavours suicide has also come to shape and reshape the social order, although on a rather grander scale.

Anger and incivility: constructions of the 'suicidal other'

While conducting research at the national archives in Colombo, I became interested in the frequent references to 'sudden anger' made by British colonial officers in their yearly *Administration Reports*. At that time I had already noted its use with regards to anger suicide, and was surprised to find that the British and native elite previously used the term to describe homicides. In late colonial Ceylon homicide rates were amongst the highest in the Empire, although rates of suicide were at that time very low (Rogers 1987; Wood 1961). Apart from homicide's apparent frequency, what preoccupied the British even more was the fact that murders seemed to be committed over what were frequently labelled 'trivial issues,' and always following a burst of sudden anger. Every year, the *Reports* contained details of cases that were for their authors apparently completely senseless. In 1895 the majority of homicides, according to the Government Agent for the Puttalam District, were:

The result of hasty, ungovernable passion, roused, in the course of disputes, often on a trifling matter and at times inflamed by arrack. The excited person seems completely to lose his head. A blow is struck or a stab is given openly in the presence of witnesses, and apparently without fear of the consequences (AR-1895: P3, B2)

The idea that homicides of sudden anger were caused by an impulsive act of aggression led some to comment that perhaps the carrying of open knives should be banned, or an alternative way of fighting should be inculcated. To that end Police Boys Brigades began to teach boxing, as, commented the Inspector-General (AR-1925: S3, B13), '[o]ne of the first lessons a boxer has to learn is the lesson of self-control.' As seen, suicide in Sri Lanka has also commonly been described as the result of 'impulsivity.' Konradsen *et al* (2006: 1710)

described the prevalence of suicide in Sri Lanka in terms of ‘impulsive individuals...living under economically or psychosocially stressful conditions.’ In a move somewhat similar to those of the colonial police, recent attempts at preventing suicide have focused on restricting access to pesticides. The South Asian Clinical Toxicology Research Collaboration and Oxford Centre for Suicide Research piloted a scheme in which villagers were given a lock-up box for their agrichemicals in the hope that during the *minutes* it would take to seek out the key and obtain a poison their suicidal impulse would decline.

Yet there was a counter-discourse at the time, which later became dominant, proposing that sudden anger was in fact the product of *excessive* self-control. Leonard Woolf, a ‘reluctant Imperialist’ (Ondaatje 2005) who administered several districts of the island during his posting in Ceylon between 1904 and 1911, came to exactly that conclusion. Woolf later presented his thoughts in *The Village in the Jungle* (1981), a novel which was set in the Hambantota District in the south of the island, and is today read in school as a set text. Woolf presents a critique of the theory of sudden anger at the climax of his novel when the principal character, the peasant Silindu, murders two men who were bent on destroying his livelihood and taking his lands. Following the murder, Silindu walks to the court at Hambantota to confess his crime, and a subsequent discussion between the magistrate (through whom Woolf speaks) and an officer from the Native Department, the Ratamahatmaya, raises the questions that Woolf came to pose about the British response to the homicide problem. The Ratamahatmaya suggests that the native peasant class is prone to bursts of sudden anger, and likens their temper to that of a wild animal. But the Magistrate disagrees with this analysis, posing instead a more ‘enlightened’ view. For him, Silindu’s murderous rage only manifested after years of aggravation, in the context of social change that was destroying ‘traditional’ life ways.

The exchange between the magistrate and the Ratemahatmaya is interesting for two reasons. The first is in how the Ratemahatmaya seems as willing to ascribe the causes of homicide to the incivility of the Sinhala as the British colonialists. The Ratemahatmaya represents middle class Sinhala who both then and now view their lower class countrymen and women with a great deal of prejudice and are quick to define sudden anger as a symptom of social and moral backwardness. The second is in how Woolf the implicitly introduces what within a few decades was to become the dominant explanation for sudden anger and suicide: the theory of suppressed frustration.

Frustration and social decay

During the late 1950s the American sociologist A. L. Wood conducted a study of homicide, suicide, and economic crime in Ceylon to discover their ‘social and cultural determinants’ (Wood 1961: 6). At that time homicide was still considered a major problem and suicide, with rates now increasing, an emerging problem. Wood worked in partnership with the Ceylon Police Department, from whom he gained access to homicide and suicide records and to whom he presented his findings. As a sociologist interested in deviance, Wood was an advocate of the then popular ‘frustration-aggression’ hypothesis. This predicted that pent-up frustrations would erupt as inwardly or outwardly directed aggression – suicide or homicide – depending on the psychological and sociological status of the person.

Through Wood’s work, the theory directly influenced the thinking of the police force. For example, Wood’s influence on Sir Richard Aluwihare, Inspector-General of Police and native of Ceylon, could not have been more striking. In 1954 Sir Aluwihare (AR-1954: S3, A15) echoed the theories of his colonial predecessors when he attributed the causes of both homicide and suicide to a lack of ‘self-control and moral inhibition.’ But by 1958, by which

time Wood had submitted his report, Sir Aluwihare (AR-1958: S3, A183-184) demonstrated a considerable change in his thinking, when he reported:

In the majority of violent crime the causes have been attributed to sudden quarrels. The cases are instances of behaviour in which a tremendous amount of aggression suddenly explodes, apparently without sufficient cause. Although such cases are superficially somewhat puzzling and therefore conveniently categorised as sudden quarrels, a closer examination might reveal that the quarrel was not so sudden after all. Minor conflicts tolerated with difficulty over a period of time can suddenly summate to a strong aggressive intent beyond the capacity of a man, subject to frequent frustrations, to resist...

The theory of frustration came to inspire many other government policies as well as academic debates. Frustration was cited as the cause of Sinhala youth insurgencies between the 1970s and 1990s that left more than 60,000 dead, became integral to much of the anthropology and sociology of Sri Lanka, and of course has frequently been blamed for suicide (for discussions 'for' the theory of frustration see: Gombrich & Obeyesekere 1988; Kearney 1975; Kearney & Miller 1985; Obeyesekere 1975, 1977, 1978; Silva & Pushpakumara 1996; Spencer 1990a, 1990b; for discussions 'against' see: Nissan & Stirrat 1990; Spencer 1995).

Suicide thus became for the post-colonial state a problem of social welfare that should be tackled through youth development programmes (Widger 2003), a move which contributed to the creation of the status category of 'youth' in Sri Lanka. In 1964 the National Youth Service Council (NYSC) was established, which was responsible for the formulation and oversight of government policy on youth and its administration through a network of regional sub-offices. By 1983, faced with ever-growing suicide rates across the country, the

NYSC established the Sri Lanka Federation of Youth Clubs (SLFYC), consolidating whatever youth groups had existed at the time into a network of 5,500 youth clubs island-wide (*Sri Lanka Youth Vision* 1999, June: 1). By 1999, 7,749 youth clubs had been established or had affiliated themselves with the SLFYC (*Sri Lanka Youth Vision* 1999, July: 7).² Through the NYSC youth programmes in education, the arts, and sports were developed, framing for many young people the scope of their social and economic worlds. In 2001 I spent six months working with NYSC members and can attest to the importance of youth clubs in creating pathways of Sinhala youth personhood. The clubs provide a space away from the more ‘oppressive’ environments of school and home to create and explore popular culture, not to mention sexual identities (see Widger 2003).

Suffering and depression

So if the colonial state attributed suicide to anger and incivility, criminality, and moral repugnance, and the post-colonial state to frustration and social welfare needs, has the modern day state followed the folk suicide story back to its roots and discovered suffering? Until the late 1990s apparently it had not, at least in a policy sense, with the focus still very much on frustration. This was also the case within Sri Lanka’s medical community, wherein suicidal behaviour was rarely, it seems, defined and managed as a psychological problem. Marecek (pers. comm. July 2008) suggests that where suicidal people have come under the purview of mental health specialists in Sri Lanka today, they have been diagnosed with a psychopathology such as depression in only around a quarter of cases. By contrast, in the west, depression is diagnosed as a cause of suicide more than 90 per cent of the time (Williams 1997).

² It was while I was working with the NYSC in Madampe in 2001 that I first became aware of Sri Lanka’s suicide problem, and decided to return after completing training in anthropology to study it.

On 26th December 2004 an earthquake off the west coast of Sumatra, Indonesia, sent a wall of water four metres high crashing onto Sri Lanka's east and south coast, killing more than 30,000 and leaving tens of thousands more homeless and jobless. The international community responded swiftly, pouring money into the island for both immediate aid and development and longer term social and psychological care (Harris Cheng 2006; Miller 2005). In 2005 the government launched a Mental Health Policy (Mental Health Directorate 2005) with the support of the WHO and World Bank, which included the further development of community-based health services, decentralisation of national mental health hospitals, and training of hundreds of graduates each year to become mental health workers and funding for general practitioners to specialise in psychiatry. In the Chilaw District, the Chilaw General Hospital received funding to open its Mental Health Clinic as well as a field hospital, recruit a consultant psychiatrist and a graduate trainee, allow two doctors to specialise in psychiatry, and begin a mental health awareness-raising programme in villages and schools and with community groups across the area. Reflecting on these measures, a clinician told me:

Before we went into the villages [began the outreach programme] the people suffered from their problems but didn't know what caused them. They didn't come to us for help. We had to go and tell them they were depressed – now they come to our clinic!

The implication of psychiatrists actively seeking out patients for their clinic and in so doing creating a community of the 'mentally ill' is of course revealing. The immediate result of the measures was a huge increase in patient numbers, so that by 2006 the clinic was forced to move to offices three times its original size. A longer term consequence may be the spread of medical models of suicide that focus on individual psychopathologies such as depression, and

its incorporation into the biomedical trauma industry (for more on this see: Argenti-Pillen 2003a, 2003b). While only time will tell in that regard, early indications do suggest a change in the way that staff at the Chilaw General Hospital describe suicide.

Prior to the 2005 policy, from around 1999 onwards a ‘mental health office’ existed in the hospital, which was staffed on a part time basis by one doctor with no training in psychiatry.³ During those early days diagnoses of ‘anger’ and ‘impulsive act’ were very common in the files, with recommendations attached that the patient, perhaps a battered wife or lovelorn youth, attend ‘anger management counselling.’ While 2005 heralded no dramatic shift in diagnoses and anger management counselling was still recommended, the number of diagnoses of depression did rise substantially, as did prescriptions of antidepressants and other pharmaceuticals. The significant feature of emerging medical models of suicidal behaviour is that unlike theories of anger and frustration, they are pre-eminently concerned with the individual. For the first time, state discourses have begun to turn away from suicide as an act of social pathology and towards one of atomised, individual pathology.

Conclusion

Sri Lanka’s battle against its ‘suicide epidemic’ (Eddleston *et al* 1999) has been as much over words as it has been over actions, with the meanings and implications of certain popular terms used to describe different kinds of suicide especially contested. Centred on the socio-emotional states of suffering, frustration, and anger, what I call folk and state stories of different kinds of suicide are used by people in Madampe to legitimise or delegitimise their own or others’ suicidal behaviours, through a process that not only helps to formulate ‘canonical’ versions of individuals’ own suicide stories but also, ultimately, shape or create broader ideas about and practices of class and gender in Sri Lankan society. People in

³ A well-thumbed copy of *Where There Is No Psychiatrist – A Mental Health Care Manual* sat on the shelf of the new clinic as a reminder of those earlier days.

Madampe 'live' by suicide as much as they might die by suicide, and by examining the kinds of stories they tell about suicide we gain not just a window onto how human beings in a particular time and place understand the phenomena of self-harm and self-inflicted death, but also of how they create the world around them more generally.

Anger, an idiom used by suicidal people to express powerlessness and achieve recognition, is viewed by non-suicidal people in highly prejudicial terms. Echoing the British colonial view of anger, in Madampe men and the middle classes, and middle class men in particular, say that anger is a sign of poor morals and social backwardness, and is especially so when exhibited by women, young people, and the working or labouring class, and working or labouring class women in particular. The stigma of anger is so great that even suicidal people, when talking about their own anger, do so apologetically. Nayanathara, 15, who experienced suicidal thoughts, told me: 'I am a good child but sometimes I can get angry.' Piumali, 17, who performed self-harm, said 'I can't control my anger. I would like to get along well with my friends but I can't do it. As a result of my anger I have a lot of problems.' Social sanctions against the expression of anger of course create a complex ambiguity around anger suicides, and in many ways this helps to sow the seeds of their own oppression. Yet this is precisely how counter-claims against suicidal people's claims work: by pathologising its logic, anger suicide's efficacy as a form of social protest is questioned.

The same can be said of frustration. In Madampe frustration as a counter-claim is echoed again by the middle classes, who use it to stigmatise frustration suicides. As claims against lower status and poor working conditions on the one hand, and social resistance to love affairs and other youth 'freedoms' on the other, frustration suicides question the status position and sexual morality of the middle class. In response, middle class people in Madampe speak of frustration in very similar terms to that of the post-colonial state: as the consequence of the disappearance of 'traditional' modes of life and social order, for example

the caste system. Expressing a very popular view, W. George Edward, a middle class, high caste Buddhist living in an ‘ancient’ (*purāṇa*) village in Madampe, lamented the passing of what he called the ‘calm and quiet’ (*sahanaya*) society, and its replacement by one that had lost respect for the naturalness of caste hierarchy, is suffering the breakdown of family life and kinship bonds, and is characterised by the hedonistic pursuit of material things.

Suffering is the only emotion which is not stigmatised in Madampe; its relationship to popular Buddhism and Catholicism is of course the reason for this. Suffering suicides, associated in the main with middle class men, are something akin to the aesthetic (as opposed to pathologic) ‘honour suicides’ that had been performed by the pre-modern European aristocracy since Greek and Roman times (Minois 1999). Enacted quietly, privately, and usually lethally, they do not seek to upset the social order but instead to preserve it; they are, then, almost acceptable in the eyes of the local middle class. Existing as the last exasperated acts of men whose position within the *gē* and community has been usurped by women or children, and often with regard to the impersonal forces of capitalism that are too seen to be destroying Sinhala Buddhist culture (*sanskṛutiya*), it is men like George Edward, those who have found themselves without a place in the modern world of aspiration, who commit suffering suicides.

In the clinic, suffering suicides correspond well in form and function to that of depressive suicide, which is the classical kind recognised by psychiatry. Both are experienced by individuals and for individual reasons, with little social consequence ascribed. It will be perhaps for this reason that the globalised medical model of suicide comes to hold meaning for some (middle class) people in Madampe, and the efficacy of pharmacology as a preventative measure recognised. Yet at the same time suffering suicides do ultimately have moral consequences, and are unlikely to ever become truly honourable in the sense they are

legitimated by the state. Suffering suicides are for the state psychopathological suicides, and psychopathology must be controlled.

There is, then, no hegemony in the way that folk and state suicide stories operate: they exist alongside each other, inform one another, and ‘loop.’ They do not exist as contrasting pairs; as ‘folk’ vs. ‘state,’ ‘western’ vs. ‘indigenous,’ ‘colonial’ vs. ‘post-colonial,’ or even as ‘male/middle class’ vs. ‘female/working class’ understandings of suicide. But neither do they exist as mutual constructions of one another, coming into being through a choreographed exchange of ideas that compliment each other. What does exist are on-going debates and disagreements, situated within the time and place of each individual suicidal act and its run up and aftermath, in which different kinds of people seek to make claims and counter-claims regarding their own and others’ behaviours, and about what might be fair and what might be unfair, functional and dysfunctional, logical and pathological. In so doing they support or subvert normative ideas around things like gender, age, and class, and often as a result constitute them anew. Suicide stories are always unfinished, and no one teller of them may define the tale for good; Sri Lanka’s battle over words is likely to remain raging so long as the battle against suicide itself carries on.

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