

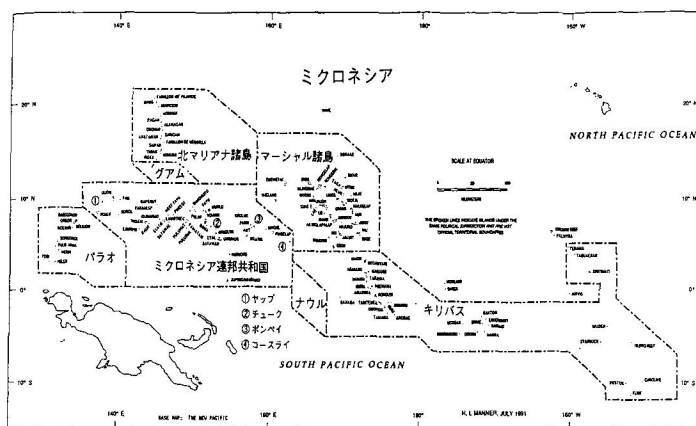
Youth Suicide and Social Change in Micronesia

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The Micronesian islands in recent decades have experienced an extraordinarily high incidence of youth suicide. Among the age group at greatest risk—young men between 15 and 24 years old—suicide rates in Micronesia surpass reported rates from any other region within Asia and the Pacific Islands. Indeed, the youth suicide rates in Micronesia have achieved the tragic distinction of being among the highest in the world. This paper describes some of the research on youth suicide in Micronesia, and summarizes some of the relationships between epidemic youth suicide, social change, and culture in Micronesia (see also Rubinstein 1983, 1992a, 1992b, 1995).

The area of Micronesia under discussion here includes Palau, the Federated States of Micronesia (FSM), and the Marshall Islands (Map). Within this area, there are about fifteen different languages spoken, and significant cultural differences exist from one main island group to another, such as Palau, Yap, Chuuk, Pohnpei, Kosrae, and the Marshall Islands. Not included in this study are the US Territory of Guam and the US Commonwealth of the Northern Mariana Islands, which are culturally and historically quite distinct from the rest of Micronesia. Also not included in this study are the independent republics of Nauru and Kiribati, which also have had a different colonial and cultural history. For the purposes of this discussion, then, “Micronesia” refers only to Palau, the four states of the FSM, and the Marshall Islands.



The cultures and languages of the islands within this area show extensive variation, because the area was originally settled from quite different directions and at different time periods (Denoon 1997). The western Micronesian high islands of Yap and Palau—as well as the Mariana Islands—were settled directly from Southeast Asia, about 3,000 or 4,000 years ago.

The eastern coral islands of the Marshalls and Kiribati were settled more recently, perhaps two thousands years ago, by islanders from eastern Melanesia, who then expanded westward down the Caroline Islands chain through Kosrae, Pohnpei, Chuuk, and the neighboring low-lying coral islands. For the first several thousand years of their history, Micronesians developed distinctive cultural adaptations to their island environments, with nearly no contact from the outside world.

Within the past 200 years, however, these quite different island societies have experienced a fairly similar history of colonization and culture change (Hezel 1983). During the 1800s the islands were exposed to Western missionaries, traders, and whalers. Many of the islands suffered devastating depopulation from introduced diseases, mainly smallpox, measles, and influenza. In some cases, depopulation continued into the early 1900s, and the populations did not begin to recover from the impact of infectious disease until the mid-1900s after the Pacific war, when Western medicine and antibiotics were introduced (Taylor et al 1989).

Within less than a century the islanders underwent four different colonial regimes, first Spanish, then German, followed by Japanese and finally American. The colonial government that had the greatest impact has been the American regime, which began immediately after World War II. Especially during the period following the mid-1960s, social change accelerated in Micronesia as the American colonial administration greatly increased budgets for the islands and extended hundred of US federal program to include Micronesia.

These changes touched every aspect of Micronesian societies. American-style schools were built on every island. American cultural influences arrived as well with movies and television, and thousands of Peace Corps Volunteers. US federal education grants enabled thousands of Micronesian college students to study in the United States.

In addition to these cultural changes taking place, fundamental economic changes were occurring. A rapid increase in paid employment came about with the creation of thousands of new jobs for schoolteachers, office workers, and laborers. The economy began to shift from a subsistence economy based on family gardening and fishing, to a cash economy based on wage labor and imported foods and products. In the Micronesian islands, land traditionally has been owned and used by families or lineages (which are extended kinship groups). The change in economy from family-based subsistence to individual wage labor set in motion fundamental changes in the very structure of Micronesian families (Hezel 1989). This fact has been of central importance to the research on adolescent suicide, and I'll come back to it later.

By the early 1970s, several social problems of youth in Micronesia began receiving attention. Alcohol drinking among young men was one cause for concern, and led to a number of government research reports and conferences. The Micronesian islands before foreign contact did not produce any alcoholic beverages, so alcohol is a historically recent product (Marshall 1993). During the colonial eras alcohol consumption by the islanders was regulated or prohibited. As these restrictions were lifted during the 1960s American administration, alcohol use and abuse among youth appeared on the increase (Marshall and Marshall 1975). A second problem, closely related to alcohol use among youth, was an increase in juvenile delinquency in Micronesia that was noted in the early 1970s (e. g. Kenney 1976).

Adolescent suicide in Micronesia did not receive general notice until 1976. In that year, a paper was published by Francis Hezel—a Jesuit priest and historian who ran a small Catholic

agency for social research and action, and who also directed a Jesuit high school in Chuuk. Using preliminary data from his students, Hezel noted what appeared to be a sudden increase in youth suicide among Chuukese youth, and he speculated that the increase in suicide might somehow be related to recent social changes in Micronesia (Hezel 1976) .

At the time that Hezel's paper appeared, I was doing my doctoral dissertation field research on the small coral island of Fais in Yap State. Fais Island at that time was one of the most remote and isolated of the Micronesian islands, and the island had experienced very little of the sort of social change that was occurring in the district centers in Chuuk and elsewhere. Surprisingly, however, I had discovered that a number of suicides had occurred on Fais. The most recent was an 18-year old girl who hanged herself in 1972.

Two years later, when I had finished my research on Fais Island, I met with Father Hezel and we planned the first research project on suicide in Micronesia. At that time, a primary question was whether suicide really was increasing in Micronesia, as Hezel's 1976 article assumed, or whether there had always been high rates of suicide in Micronesian islands, as my Fais experience suggested. In other words, was suicide an epidemic, with recent rates rising above normal, or was suicide an endemic feature, perhaps related to the stress of small island life, or a culturally patterned way of resolving conflict ?

To answer this question we conducted an epidemiological survey throughout Micronesia over a two-year period 1979-1981. We collected all the available official statistics from hospital records and court certificates of deaths, and we followed up these official data by interviewing hundreds of families and friends of suicide victims in all the major Micronesian island areas. The survey was retrospective, in that we also tried to reconstruct the past history of suicides in each of the island communities, as far back as people could remember. The survey followed the guidelines of what has been called "psychological autopsies" in suicide research. We tried to get information on the person's family background, education, work history, health, use of alcohol or drugs, mental problems, and the events leading up to the person's suicide, and how the suicide actually occurred.

Our survey research confirmed beyond question that Micronesian suicide rates have risen in epidemic fashion since the 1960s (Fig. 1). From the survey, several epidemiological trends became quite clear. First of all, from the early 1960s to the early 1980s, suicide rates overall in Micronesia had increased in classic epidemic fashion, more than doubling every decade, from the 1960s to the 1970s, and from the 1970s to the 1980s. The most rapid increase had occurred during the 1970s. By the early 1980s the rate of increase had slowed but overall Micronesian suicide rates were still rising.

The survey research also demonstrated that suicide rates among Micronesian men were approximately seven or eight times higher than among Micronesian women. In most countries in the world, men commit suicide more frequently than women, but the differences in rates are usually not so extreme as what we found in Micronesia.

The research also revealed that the high suicide rates were very narrowly focused among young men, mainly between the ages of 15 and 24 (Fig. 2). In comparison with most other countries, this pattern is highly unusual. In most populations, suicide rates generally increase with age, and the highest rates are almost the oldest members of the population. In some

countries there is a bi-modal distribution of suicides, showing highest rates among the elderly, and a minor secondary peak among youth. But cross-culturally, it is very unusual to find that the highest suicide rates are among young adults.

Fig. 1

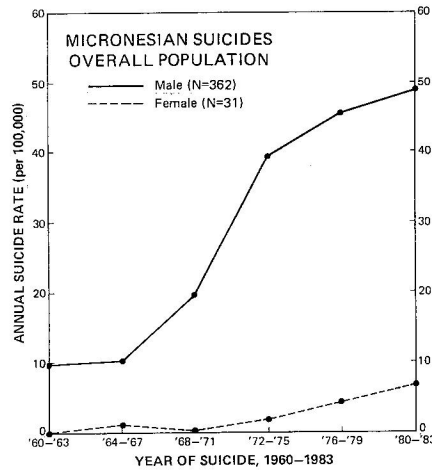


Fig. 2

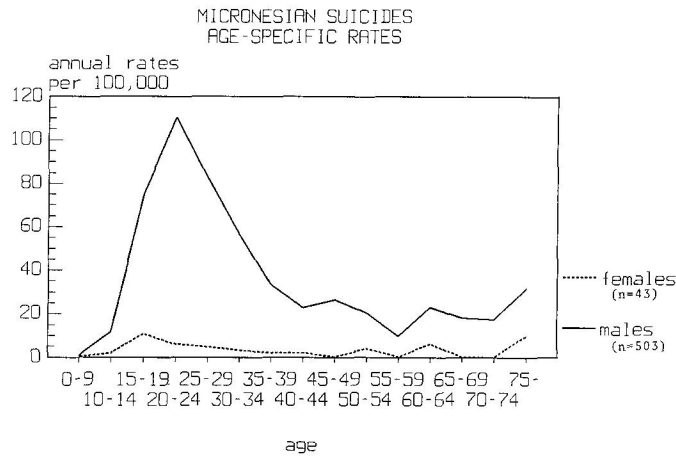
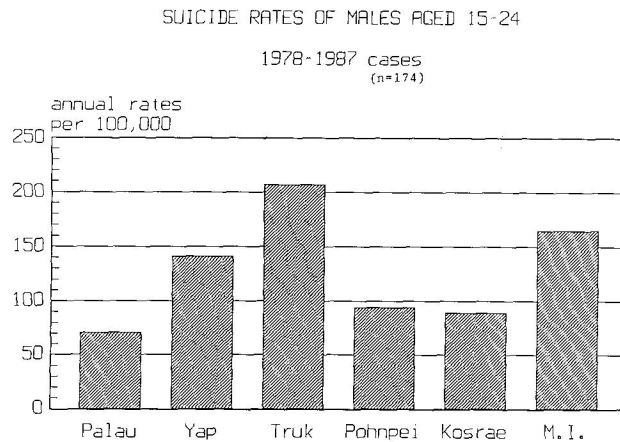


Fig. 3



In Micronesia we found that the modal age for suicide was 20 years old, and among this group, the rate was over 100 per 100,000 annually. This rate is about five times higher than the rate among young Japanese men, which is already high by world standards (Fig. 3). Among the different Micronesian island groups, rates varied from place to place, suggesting cultural differences influencing suicides. The highest rates were found in Chuuk, where young men aged 15-24 had suicide rates over 200 per 100,000 annually. This means that during the ten-year period from age 15 to 24, 1 in 40 Chuukese boys commit suicide. Suicide had become the primary cause of death for Micronesian youth. These rates were extraordinarily high.

We also found an interesting pattern of geographic variation. Social change in Micronesia is most advanced in the district centers and port towns on the main islands. In the rural outer islands, the traditional ways of life have changed much less. Suicide cases generally in the outer islands appeared very rare. (My field site of Fais Island proved to be an unusual exception). But most significantly, the highest rates of suicide appeared not in the most urban and developed centers, but in those communities lying midway along the spectrum from rural to urban. The association between high suicide rates and social change did not appear to be a simple, linear relationship.

The survey also revealed a general profile of the suicide victim. The typical suicide victim was a young man, aged 20 or so, living at home with his parents. Generally these young men appeared normal in terms of their health, mental condition, and behavior. We found no obvious patterns of physical or psychological illness among the suicide victims. In fact, many appeared to be obedient sons who were well liked by their friends. Certainly these young men were generally not identifiable as rebels or outcasts. The method of suicide was almost always by hanging, and in many cases the feet were still touching the ground. The person simply slipped his head into a rope noose that he had tied to a tree branch or roof beam, and by leaning forward into the tightening noose, he stopped the blood supply to the brain, and quickly lost consciousness and died within a few minutes. The suicidal acts often had a quiet, retreatist aspect.

Alcohol is part of the suicide motivation or method, but the correlation is not particularly strong. In about one-third to one-half of the cases, the young man was drinking alcohol at the time of the suicide, and about the same percentage of cases revealed a past history of fairly heavy drinking. But these percentages are probably about normal for young Micronesian men, so the suicides do not appear distinctively associated with alcohol abuse.

Typically, the suicide occurred without warning or prior communication, and the family and friends of the suicide victim were quite surprised. There was very little evidence of suicide threats or attempts that might serve as a "cry for help" or as a warning to friends or family members that the person was considering suicide. Indeed, many of these suicides appeared to be very impulsive acts rather than premeditated or planned actions.

The typical triggering event for the suicide was a quarrel or argument between the young man and his parents, or occasionally an older brother or sister, or some other older relative. Often the preceding event seemed oddly trivial, and the response of suicide appeared totally out of proportion. For example, a father scolds his son for staying out too late, or for asking for a few dollars to buy something, and the son runs off and hangs himself. The events did not sound like

major crises in a young man's life, but they suggest a deeper pattern of conflict between young men and their parents or other immediate family members in authority. These triggering events for suicide were always located within the close family. It was never the case a young Micronesian man committed suicide after being scolded by a policeman, or a teacher, or some other authority figure outside the family.

This profile of the typical Micronesian suicide raises several important questions. Why should the suicide rates be so much higher among men than women in Micronesia? And why especially among young men? How have relations within Micronesian families become troubled in ways that lead frequently to adolescent suicide? These questions are impossible to answer with complete certainty, because the factors influencing suicide are too complex to reduce to simple causal models.

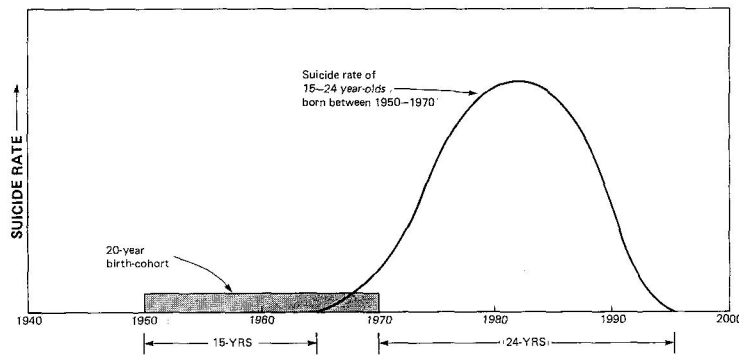
It does appear that recent social changes in Micronesia have been more stressful for men than for women. Women's roles traditionally in Micronesia centered around taking care of the house, taking care of the children, and preparing food. These are still important aspects of family life, and women's work in fulfilling these roles is still valued in Micronesia. Men's roles traditionally in Micronesia involved fishing, and the heavy labor of gardening. Men provided the food through their subsistence labor, while women prepared the food and took care of the house. Increasingly, the role of food provider in the subsistence economy has been replaced by the role of wage earner in the cash economy. Men's traditional roles in Micronesia have been much more weakened and transformed during the course of recent social changes than women's traditional roles.

The question remains, however, why should young men aged 15-24 be at the greatest risk for suicide? Here also the answer may lie in recent social changes in Micronesia. The stage of life between the ages of 15 and 24 correspond roughly with the age when a boy reaches sexual maturity, to the age when he gets married. Traditionally in Micronesia, this was a somewhat difficult and unstable period for the males. At sexual maturity, boys usually moved out of their parents' house, because in most parts of Micronesia it was taboo for a sexually mature boy to sleep in the same house as his sisters. Commonly, the sexually mature boys would sleep in a community men's house, or in a bachelor house for young unmarried men, or they would sleep with extended family relatives such as uncles or aunts. At marriage, the young men typically would move into their wife's house and live on her land.

One effect of the gradual shift from subsistence gardening to wage labor has been a weakening in the lineages or kin groups which owned the garden land and maintained the community men's houses. The nuclear family with its wage-earning head has become more important than the extended kin group that formerly owned land and worked it communally. Along with this change, the community men's houses in many islands are no longer kept up, and the extended relatives are no longer so actively involved in a young man's life. As a result, young men now do not have places where they can conveniently stay if they move out of their parents' house. They must remain at home, despite occasional conflicts with their parents over authority and resources. The traditional social supports for young men—which were the community houses and the extended family—have largely disappeared, and young men have lost much of their former independence and role in their communities.

Another important question is, Why did the Micronesian suicide rates begin rising just around the mid-to-late 1960s? Knowing as we did that the high risk period was from 15 to 24 years of age, and the main cause of suicide appeared to be conflict between young men and their parents, we believed that the suicide epidemic might be a one-generation cohort effect (Fig. 4). That is, we thought that perhaps the suicides were associated with the first postwar generation of youth, those born beginning in 1950 and first reaching sexual maturity around the mid-1960s. Growing up in very different social conditions from their more traditional parents, perhaps their suicides were an expression of the cultural differences and increasing conflict between these two very distinct generations. If this really was a one-generation cohort effect, then a theoretical model would predict that the suicides rates would rise in the mid-1960s when the first members of the cohort entered adolescence, and the suicide rates would fall by the mid-1990s, when the last members of the cohort completed adolescence and settled down into marriage. Thus the hypothetical model—and I emphasize hypothetical—would show the suicide rates peaking around the early 1980s and then falling as rapidly as they had increased.

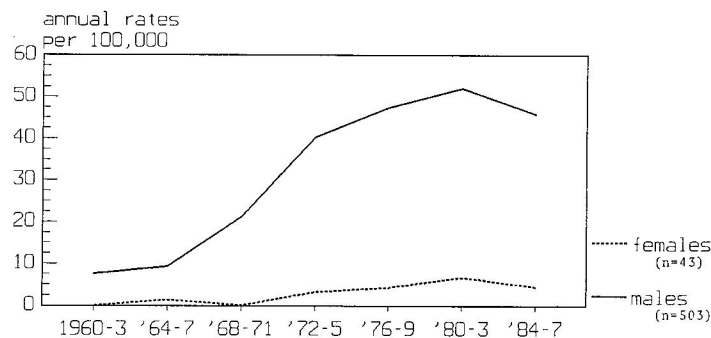
Fig. 4



By the mid-1980s when we examined new data, it appeared that in fact the suicide rates in Micronesia had peaked and begun to turn downwards and were returning to the lower rates of the late 1970s (Fig. 5). It seemed that our hypothesis about a one-generation cohort effect was correct, and the suicide epidemic was waning.

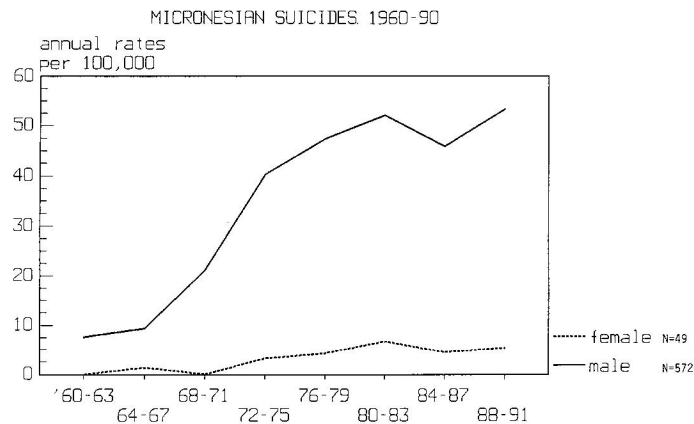
Fig. 5

MICRONESIAN SUICIDES 1960-1987



But during the next few years suicide rates increased sharply in Micronesia, proving unfortunately that our hopeful hypothesis was wrong (Fig. 6). The actual epidemic was more complex than a simple one-generation effect. Part of the complexity likely stems from cultural factors. In addition to the social changes in family organization and economy and men's roles that I have already described, changes have occurred in the subculture of youth, and in the cultural meanings associated specifically with youth suicide. As suicide has gained familiarity among youth, the act itself has become increasingly more acceptable or even expected. Suicides appear to acquire a sort of contagious power. One suicide might serve as the model for successive suicides among friends of the first victim. There has been an apparent increase in suicides among very young children, aged 10-14. Evidently the idea of suicide has become increasingly commonplace and compelling, and young children are now acquiring this idea at earlier ages.

Fig. 6



The complexity of social and cultural factors influencing suicide in Micronesia makes the problem especially difficult and disturbing. The suicide epidemic appears to have begun as a very culturally patterned response of youth to conflicts arising within a changing family structure. And once begun, the suicidal acts seem to have acquired a psychological contagion of their own. The youth suicide phenomenon in Micronesia is now entering its third decade, with no signs of any significant reduction. The tragedy of such an enormous and unnecessary loss of life—even more so because they are mostly young lives—continues to challenge health professionals and social leaders in Micronesia.

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