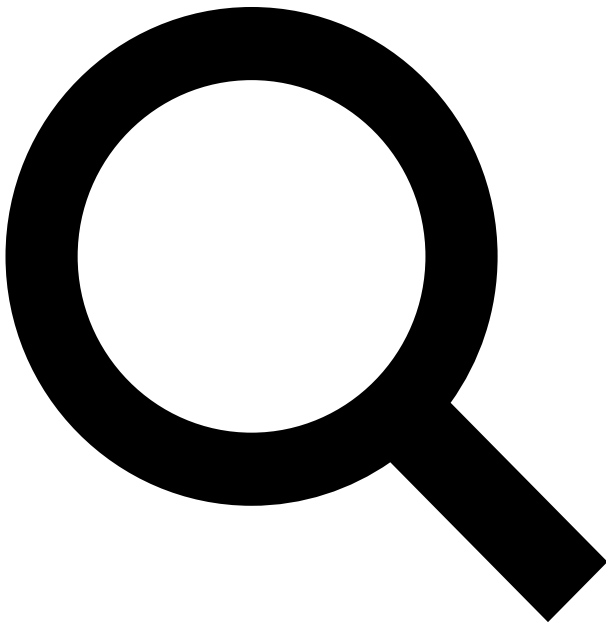


Durkheim's sociological study of suicide as a 'social fact' was premised, in part, on the idea that only human beings were known to commit suicide. But ethologists tell us that the ability to commit self-injury or to deliberately self-destruct has been found across separate species including other primates and land mammals, dolphins, insects, and even some bacteria. While the evidence is far from definitive and the use of terms like 'deliberate self-injury' or 'suicide' across vastly different species is hugely problematic (just as it is across different human cultures and epochs), the possibility that we might not be the only animal to display suicide-like behaviours raises fascinating questions about how and why the ability to commit suicide evolved at all, and how and why modern humans learn to use suicide as a response to particular kinds of problems in their lives.



One of the most popular methods of self-harm in Sri Lanka is through the consumption of yellow oleander seeds (in Sinhalese "kaneru atta"). Folklore states that the poison (waha) contained in the seeds is enhanced if they are mixed with water and sugar, and suicidal youth and adults often prepare kaneru atta in this manner. During suicide play children also sometimes mix kaneru atta with water and sugar.

The data I collected during my fieldwork in Sri Lanka suggests that suicidal behaviour might be a response to family and kinship problems. It correlates with disputes between husband/wife, parent/child, older sibling/younger sibling, male cross-cousin/brother-in-law, and romantic lover pairings. The ethnographic evidence suggested that suicide functioned as a means by which the sub-dominant individual in the pairing, understood here either formally in terms of their social status and power, or informally in terms of their having been put on the back foot by the other's initial behaviour, was able to frighten, shame, or otherwise co-opt the other into a submission, retraction, or retreat of one form or another. Suicidal behaviour was a form of moral regulation.

During my study I also happened across a number of cases of deliberate self-harm amongst children aged four to seven years, which had been recorded in the local hospital and categorised by staff as being 'accidental.' Interviews with the attending medical officers suggested that many of the cases occurred in the context of 'suicide play,' and for them amounted to a 'simple' imitation of the youth and adult cases of self-harm the children had probably witnessed or heard about in their families, villages, or schools. However, further investigation of some of those cases (and others that I encountered during fieldwork) revealed that suicide play was rather more complex and apparently innovative than might be the case if the children had been copying the suicides of others. For example, suicide play involved not the recreation of problems typically encountered by youth and adults (marital strife, romantic loss, and so on), but rather problems that were relevant and important to the children themselves. These included questions concerning friendship and trust, and in particular children's expectations of friends' behaviours and how they felt when friends lied or let them down in some other way. While the 'social' proximate causes of suicidal behaviour were different amongst children, youths and adults, then, its functional status was very similar: suicide as a form of moral regulation was tried and tested in play by children, and used in practice by youth and adults.

This finding led me to thinking about how and why children might decide to play at suicide at all, rather than, say, confrontation and fighting. The most compelling answer to this question was that the suicidal individual had not dared to respond to antagonism so directly because they were weaker in terms of physical or social power. This was found to be the case amongst youth and adults as well as children, for example when younger siblings responded to older siblings' taunts through self-harm, while older siblings responded to younger siblings' taunts through fighting (a situation in which both physical and social power was unequal). Amongst children, similar age and sex differentials appeared to feature in suicide play.

Yet such reasoning requires children, consciously or not, to make a series of assumptions about their position in the world. These include assumptions about their status as an individual in the group, their ability to influence or change the behaviour of others, their ability to use suicide as a means by which to influence or change the behaviour of others, and how other others might view and respond to such means and its possible ends. More formulaically, these problems lead me to ask:

What kinds of cognitive and emotional capacities are required to develop in children before they fully appreciate the social and moral implications and consequences of suicide? Are 'proto-forms' of suicide first developed, which subsequently become elaborated in conjunction with children's cognitive, emotional, and social development and experience? What kinds of innate dispositions might need to exist before such learning and development can take place (including theory of mind and innate models or experiences of status, power, agency, and self-inflicted death)? Are these dispositions 'fused' through experience or does an independent 'suicide disposition' exist, and if so how might it be triggered and how might it have evolved? What might these issues tell us about children, youth, and adult kinds of suicidal behaviour and how might they help us to predict and prevent risk factors?

At the beginning of this post I mentioned that ethologists have told us that humans are not the only animal to exhibit self-injurious and self-destructive behaviours. Several competing theories have since been developed to explain self-injury in captive primates, most of which revolve around 'conservation-withdrawal' models also used to explain the evolution of depression (e.g. Gilbert 1992; Lester & Goldney 1997). These models share important similarities with anthropological models of suicide, including the model I used to explain patterns of self-harm and suicide in Sri Lanka. The general thesis shared by the ethological/evolutionary models is that suicidal behaviour obtains

functional use by way of signalling distress to other members of the kin group, who out of fitness interests intercede to appease the distressed individual. In anthropological models, individuals use suicide to gain advantage during interpersonal or social disputes by using a form of communication that is accepted by all members of the group (see Widger 2009 for a review and references). In both, it is the physically and socially powerless that use suicidal behaviour in this way.

However, neither of these approaches amount to a learning theory of suicidal behaviour, assuming instead that the individual organism is already equipped - either by evolution or by socialisation - with a full understanding of when best and how to deploy suicidal responses. As such, and as my evidence relating to suicide play has suggested, an additional approach is required: one that investigates how suicide is learnt and tested and obtains functional capacity in evolutionary, social, and moral terms. I submit that with the support of ethologists and cognitive and evolutionary psychologists and anthropologists, long term ethnographic studies of suicidal behaviours amongst children, youth, and adults can provide the necessary materials by which problems associated with understanding suicidal behaviour as a learnt response can begin to be addressed.

Some references :

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[Tom Widger's web page.](#)