

Discovering the Missing Links: Analysis of Case Data on Attempted Suicide in Balagama and Jandura in the Districts of Monaragala and Hambantota¹

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Abstract

This paper on attempted suicide is based on qualitative data and insights from two villages in the Monaragala and Hambantota districts. The study reveals that the occurrence of attempted suicide in the villages is related to chronic poverty and lack of wellbeing which have generated and sometimes aggravated the conditions of those who attempt suicide making them even more vulnerable to agrarian distress and social exclusion on the one hand and forces such as inability to manage aggression, shame, feeling of guilt, and adverse effects of isolation and hopelessness in the midst of extreme stressors. The paper delineates the underlying conditions, causes and the effects of attempted suicide.

Key words: Attempted suicide; self-harm; agrarian distress; psycho-social wellbeing

1. Names that appear in this paper have been anonymised to keep the privacy of research participants.

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Introduction

The widespread prevalence of suicide suggests certain deprivations or absence of wellbeing in a society². It has added a new dimension to the concept of deprivation in developing countries; only few countries have been able to establish effective institutional mechanisms to prevent the occurrence of attempted suicides while few others have focused on therapeutic aspects of managing and curing the victims of attempted suicide³. After 1997, Sri Lanka notes a reduction in the number of 'suicides' although there has not been any reduction in the cases of 'attempted suicide'⁴.

This paper argues that the increasing trend of attempted suicides is an outcome of the paucity of institutional mechanisms to redress the root causes of suicide such as stressors, tensions, and suicidal thoughts. This is especially so for the rural hinterland that is lacking in institutional infrastructure to address issues that contribute to the spread of suicidal ideation and attempted suicide⁵. This paper suggests that very little is done to improve the material conditions, psychological and mental wellbeing of those people who are prone to suicidal tendencies. This is a pity given the advances Sri Lanka had made in the sphere of public health and social wellbeing as far back as the middle of the 20th Century⁶.

2. Wellbeing refers to people's experiences of their positive emotions, satisfaction, vitality, resilience, self-esteem and sense of purpose and meaning. Social wellbeing is made up of two main components: supportive relationships, and trust and belongingness all of which are critical to personal wellness (Michaelson et al. 2009:4)

3. This reduction of suicides in Sri Lanka after 1996 was presumed to be an outcome of improvements in the management of suicide victims in curative health care by inducting special units and trained medical personnel into the system.

4. These information is drawn from the hospital and police sources independently producing very similar data sets.

5. Whereas the urban sector has a network of organizations including hospital system with trained counselors and non-governmental organizations like "Sumithuro" for those who need counseling, the rural sector has very little institutional infrastructure of this sort.

6. Towards the second half of the 20th century Sri Lanka's health and educational achievements had been acclaimed as 'exceptional' and 'outstanding' by many writers including Amarthya Sen (1987), Isenman (1987), Kanbur (1989) etc.

At the national level secondary sources indicate that suicides and attempted suicides increased immediately after the introduction of economic reforms in 1977; this trend continued until 1996 although the number of suicides fell in the subsequent years⁷. Ironically there had been a heightened increase in cases of attempted suicide. The third observation was that the high incidence of both 'suicide' and 'attempted suicide' were severe in the backward districts of the country where social wellbeing was found wanting⁸.

The paper postulates that the drop in the incidence of suicide would have partly been an outcome of the spread of high-quality curative care. However, even those who survive continue to suffer from permanent and deep-rooted physiological, psychological and social scars including stigmatization. Given that the number of suicides has increased during recent years we suggest that the underlying causes and conditions are yet to be ameliorated. It is therefore important to explore and recognize the causes of suicide and attempted suicide.

In attempted suicide cases the victim is still alive to reveal the circumstances under which persons resorted to inflict self-harm although it should be acknowledged that victims' explanations also may keep changing. Often, the explanations are multifaceted and not easily attributed to one single factor. This paper strives to explain the nexus between attempted suicide and psycho-social wellbeing of those who have attempted suicide. The paper argues that it is important to consider socio-economic, cultural and systemic factors in addition to emotional and psychological dimensions relating to attempted suicide.

Objectives

The objectives of this paper therefore are to delineate the nexus between attempted suicide and psycho-social wellbeing. The paper purports to identify and explain some of the underlying

7. Data sources maintained by the Health Ministry and the Police records have shown that suicide that stood at 20 per 100000 in 1977 increased to 43 in 1983; this number fell after 1996 on account of the withdrawal of endosulfan based pesticides plus the improvements in the management of victims of self-harm by the hospital system (Thalagala, 2003: Gunnell et al (2007).

8. Districts that reported very high incidence of suicides includes Badulla., Hambantota, Monaragala, Kurunagala, Polonnaruwa, and Ratnapura.

reasons for the erosion of well being among the victims that pave the way for high incidence of attempted suicides in traditional agricultural communities.

Methodology

This paper defines attempted suicide as an attempt to take one's own life with the help of an agent or mode but fails to yield the expected results owing to medical or other interventions or on account of the impotence of the agent/mode thereof. Suicidal ideation on the other hand is a situation where a firm idea gets established within oneself to terminate his/her own life using a chosen method which may have been operationalized but does not yield the intended outcome.

This research was based on primary data collected using in-depth interviews with those who have attempted suicide; this was supplemented by focus group discussions (FGDs) with informed citizens. Two sites namely Balagama in Wellawaya Divisional Secretariat area of the Monaragala District and Jandura in the Lunugamwehera Divisional Secretariat area of the Hambantota District where 16 respondents were selected for in-depth interviews. They consisted of six (6) from Balagama and nine (9) from Jandura⁹. Besides, four FGDs with key informants including public officials were conducted in the two districts to supplement the data.

The respondents had tried to commit suicide at least once in their life time. The method of data gathering in the main was detailed narratives of personal stories of those who have attempted suicides but survived to tell their story. The sample was purposively selected using data obtained from hospital sources¹⁰. The interviews were conducted by the researchers themselves where extra care was taken to put the respondents at ease considering their delicate psychological condition. In conducting interviews freedom was given to 'respond' or 'refrain from responding' to certain questions. With the respondents' permission the discussions were recorded. The interviews started after a pre-view of their socio-economic background and family histories and eventually focused on the suicidal ideation and action taken to commit self-harm.

9. The research project that was sponsored by the Distance Education Modernization Project (DEMP) of the ADB covered the districts of Hambantota, Monaragala, and Pollonnaruwa. The team consisted of Upali Vidanapathirana (Leader), Anton Piyarathne, Purnima Perera, Harini Amarasuriya, and Nellie Rajarathne.

10. The study obtained ethical clearance from the Faculty of Medical, University of Kelaniya.

This was supplemented by data gathered from informed citizens through FGDs including medical professionals in the hospitals. The FGDs were conducted among small groups of informed citizens who provided additional insights into situations that led to suicides and suicidal attempts.

Socio-Economic Background of Victims

The two villages were very similar by size, appearance and state of deprivation. They were agricultural villages inhabited by Sinhala Buddhists. Their principal livelihood was farming while some of them worked as wage labourers either in the agricultural plots of others in the village or at the Pelawatte Sugar Corporation. Some others cultivated banana, paddy and vegetables in their *Chena* lands or homesteads.

Jandura was an irrigation resettlement where the settlers were drawn from the district of Matara. It has a small tank that gets filled during *Maha* rains. Usually farming is restricted to one cultivation season. The situation at Balagama was even worse. It was a case of rain-fed farming dependent strictly on the mercy of irregular pattern of rainfall.

The youngest person interviewed was 17 years; the eldest included in the sample was over 50 years. Two subjects were in the 19-24 age group. Four respondents belonged to the 25-30 age category and all of them were married. Three of the subsequent age intervals (31-35; 36-40; 41-45 in years) had two respondents each. The remaining six respondents were more than 45 years old. Of the total sample seven (7) were males and nine (9) were females. All the respondents but three had studied up to grade nine or below grade nine; two females had studied up to grade 10 while one female respondent had not received any school education. On the whole it appears that the victims had not been exposed to tertiary education that weakens their capacity to use better coping strategies. The fact that the sample consisted of nine (9) females was a coincidence and does not mean that suicidal ideation is higher among women¹¹.

11. One reason for this anomaly was convenience, that is, it was easy to contact female victims who were willing to cooperate with the research team to provide details.

The majority of the respondents identified themselves as 'farmers'. The families owned some marginal lands but the size of holdings was too small to generate a marketable surplus. Wage work allowed them to earn an average income of around Rs 5000/= per month per household only if work was regularly available. However, there was no job, income or social security for many of them. As found in other contexts, the chronic problem of agrarian distress prevented them from leading a cheerful, healthy or contented life (Vasavi, 1999; Patnaik, 2003; Sahu, 2004; Bhalla, 2006).

Background to Case Studies

Thirteen (13) out of 16 respondents belonged to post 2000 period. The balance three cases belonged to the period between 1990-1998. The commonest mode of 'suicidal attempt' was agro-chemicals. This included taking pesticides, herbicides, and insecticides. These substances were available freely and anybody could buy them in the local agro-chemical outlets despite regulations on sale of agro-chemicals. Two others had taken kerosene while one had taken an over dosage of paracetamol. Another respondent had taken 'Kaneru' seeds¹².

Theoretical and Conceptual Framework

It is sometimes argued that an attempted suicide is strictly a private affair determined by the will of an individual. This explanation is archaic and perhaps self-defeating. An individual attempts to commit suicide not because of a person's 'whim or fancy' but because an individual is subjected to a combination of damaging socio-economic, cultural and psychological predicaments including a flawed relationship in the society¹³. The Integrationists and Ethno-methodologists argued that the social meaning of suicide is different from culture to culture and society to society¹⁴. This emphasizes the need for care in analysing or exploring the 'meaning' each society assigns to suicide and the way they understand this complex phenomenon. In this context the focus on studying cases of attempted suicide is fully justified. Durkheim (1951, p. 44) defines suicide as; '...all cases of death resulting directly or indirectly from

12. The botanical name of this wild plant is *Thevetia peruviana* or *Cascabela thevetia*, which is found in most parts of the dry areas in particular.

13. See Oxford Dictionary of Psychology, 1998 for details.

14. Also see Oxford Dictionary of Sociology 1998

a positive or negative act of the victim himself, which he knows will produce this result...'

This paper uses a working definition of attempted suicides in terms of 'an attempt at self destruction which does not yield explicit outcomes'. Here the 'victim' attempts to inflict self-harm on oneself purposely but survives. However, the scars of an individual's action can be physiologically and socially harmful and can remain for a long time unless they are properly treated or counseled. This action of attempted suicide is sometimes referred to as a "cry for help." It means that very often people who attempt suicide are demanding direct intervention, help or sense of appreciation from others to overcome a real or perceived impasse.

It was also found that the incidence of suicide is very high among those who attempted suicide previously than those who do not have such a history (Jary and Jary 1999). One explanation is that by attempting self-harm an individual expects the attention of others or to express despair and the wish to escape, rather than a genuine intention to die. This contradicts with the latter view of repeated attempts with a high rate of success of killing oneself. Most people who attempt suicide do not complete suicide in their first attempt; those who later gain experience through repeated action are at higher risk of eventual completion of their 'mission'.

Studies on suicide in Sri Lanka have argued that unlike in other parts of the world, purely psychological explanations do not account for suicidal behaviors in Sri Lanka. These studies emphasize the need to understand the meaning of such behaviour within a particular context giving rise to a set of relations and everyday practices. They have drawn attention to the formative aspect of suicide and self-harm practices in Sri Lanka. Such behaviour is a means of responding to difficult moral dilemmas particularly for those individuals occupying unequal positions in society (Spencer 1990; Widger 2009; 2012; Maracek and Senadheera 2012). Responding to suicide in Sri Lanka therefore, requires paying careful attention to all these different aspects since conventional, purely psychological or physiological responses would not address some of these broader, relational and societal factors. It is for this reason that this paper proposes to examine suicide through the lens of a broad understanding of wellbeing.

Wellbeing

The concept of wellbeing is important primarily because it is the lack of it that makes such occurrences widespread; wellbeing covers 'being healthy, well nourished, literate and more broadly having freedom of choice in being and doing' (Sen, 1985; Sen, 2000; PADHI, 2009; White, 2009). In practice wellbeing depends on a multitude of factors where both material and non-material capabilities come to the forefront. When describing wellbeing the respondents tend to pick out whatever aspect that is lacking and critical for them. For them wellbeing covers different facets of socioeconomic, cultural, psychological, moral, and spiritual components of life. They opined that many of these facets including good health, good education, and freedom of choice are novel to them. For them deficiencies that are directly linked to economic and socio-political contexts are the most important factors influencing the psychological and moral foundations governing esteem and freedoms of their wellbeing.

In an agrarian society the prospects of life are determined by the size and quality of farm holdings, availability of irrigation and other infrastructure, cost of production, harvest and economic gains they accrue from farming (Vargas, 1991; Gunathilake, 2003; Vidanapathirana and Piyarathne, 2008; Fernando 2009). For the respondents all four abovementioned aspects are unpredictable as their farming is frequently subjected to shocks of droughts, crop damage and market failures (Silva, 1989; Vidanapathirana & Piyarathne, 2008).

The wellbeing of victims is relentlessly distressed by the deterioration of agrarian conditions in the villages (Bhalla, 2006). These conditions include adverse implications arising from tenurial complications, crop failures, indebtedness and chronic poverty among others. In addition the presence of alcoholism, infidelity, ill-literacy, poor life skills, limited worldview and sense of destitution make their lives even more intricate. These factors have made their lives vulnerable, hopeless and deprived creating an unending circle of poverty trap (Narayan, et al, 2000; Vidanapathirana & Piyarathne 2008).

In the context of this paper, wellbeing is defined broadly as pertaining to a material, psychological as well as social aspects of a person's life. This means that factors such as the quality of a person's

relationships, the extent to which a person has agency in order to access resources and services, a person's sense of self-esteem, the level of influence or power a person has to negotiate circumstances within or outside the family as well as a person's socio-economic situation are taken into consideration in assessing wellbeing (PADHI 2009).

Personal Characteristics and Lack of Wellbeing

A recent study on poverty in Hambantota has identified that personal characteristics such as physical and emotional outlook and aptitude of subjects are very important in the context of suicides¹⁵. Reportedly, about 15 percent of the sample of the above study represented old people. Accordingly, old people suffer from lack of agility, power and influence, unavailability of endowments, poor social relationships and lack of recognition that undermine their wellbeing (Fernando 2009). In general, suicides are common among old men who lack recognition, social capital, and socio-economic power as they become older.

The findings of our study projected the mirror image of the effects of old age on youth and middle aged people. It questions the customary role of adult off-springs of caring for old parents when they themselves are crying for care and help. The presumption is that children who are working, matured and perhaps married must look after the old parents- a condition that is commendable according to the Buddhist tradition. However, this condition imposes a heavy burden on an already depressed community. It creates stressors on those who have just entered the work force but profoundly deprived in terms of low income, lack of assets and access to medical care and other entitlements including food and drinking water.

Although they are physically adults they are economically and socially fragile and hence not in a position to bear an additional burden of looking after the parents. They do not have dependable income or job security. They may have just started their wedded life sans basic needs necessary for a secured family life.

15. For instance, *Psycho-social Assessment of Development and Humanitarian Intervention of the University of Colombo (PADHI) study on poverty carried out in the district of Hambantota had highlighted the importance of age, educational levels, aptitudes, income levels, world-view, cultural upbringing in the discussion of wellbeing* (Fernando 2009).

The in-depth interviews with victims of attempted suicides revealed that most families inherited poverty from their parents who were marginal farmers or agricultural labourers except one victim whose father was a mason who had adequate income. This situation prevented them from securing the wellbeing of their own family let alone looking after the elderly members. They did not have access to good education, good quality health and hygiene and nutrition in their childhood. Nor did they inherit other endowments like land, shelter, finances arising from the savings of their parents or access to formal credit.

Out of the sixteen (16) respondents, 13 households suffered from chronic poverty. Conversely, their aspirations were high and expanding with the arrival of television, shop windows filled with fancy goods in the nearby city and bill boards advertising various fancy products. Their conditions do not permit them to reach the lifestyle portrayed in the media. They find their condition doubly miserable. By no means had it legitimized the faulty logic of suicidal ideation although they do not see any meaning in leading the same wretched life perpetually.

Family Histories of Suicide Victims

It was found that most of the families have inherited suicidal ideation and/or have attempted self-harm sometime in their lives. The cases of two members of the same family undergoing the trauma of self-harm were cases in point. Also they reported that the harshness of their environmental, social and economic conditions have made them tougher not to fight out the battle of life even when they know such decisions are terribly agonizing¹⁶.

Controlling and Releasing Anger

One interesting point that came out in the FGDs was that people are generally irritable. Respondents expressed the idea that the villagers are aggressive and violent in their dealings within and outside their households. This attribute of aggression was two-fold. Firstly, they tend to show anger 'towards themselves' (internal anger). Secondly and often simultaneously they are 'aggressive towards the others around them' (external anger). It was not conclusive whether being internally angry makes them externally angry or vice versa.

16. *The incidence of collective suicide is relatively uncommon in Sri Lanka unlike in the 'suicide belt' of India where crop failures and indebtedness gave rise to group suicide by family members (Mohanty, 2005; Jain, 2006).*

There are many factors contributing to the build-up of the two forms of anger. When the anger is soaring even a trivial incident is adequate to trigger a person to be fiercely violent and even to commit self-harm.

The respondents agreed that they get angry when they encounter situations which they 'do not like'. This may include circumstances beyond their control like droughts and crop losses and market failures signifying failing crops, failing seeds and falling prices of crops which eventually make them poorer and indebted. They said that they become intolerant, temporarily leave home, drink alcohol, and 'sometimes go to the farm land and cry loudly. This is because they are voiceless in the public decision process; they do not have anybody with whom they can share their frustrations; also they do not have access to more sophisticated solutions that are available to their urban counterparts. Thus suffering privately and being introvert are the frequently adopted strategies to cope with stressors.

Interpersonal Relationships and Wellbeing

The study revealed that the victims found it difficult to preserve and continue with sound interpersonal relationships with others in the close family circle both within and outside the nuclear family. Disputes and disagreements were frequent among close family members like the husband and wife, in-laws, parents and children. Four incidents out of sixteen cases highlighted this aspect of family feuds and disagreements that had gone beyond control. Samanthi, a 30 year old, vegetable seller revealed her story as follows:

'One day my husband beat me severely and he left home telling me that he would not come back. I waited for four days but he did not return. I was really saddened by the way he spoke, the language he used, and physically manhandling me; more than anything else I was disappointed with his not returning home. I ate four *Kaneru* seeds' I was admitted to the hospital unconscious and suffered for 10 days at the Hambantota district hospital'.

Samanthi's vegetable shop was facing the Wellawaya road. She used to earn a daily average income of around 500 rupees; this too depended on the flow of vehicles passing these vegetable shops.

There were few other sales outlets along this stretch and some days not a single vehicle stops at her outlet. As vegetables perished very fast she had to bear losses which makes her net cash income low; this makes her husband angry. According to Samanthi, 'he is angry about those buyers talking to me and sometimes cracking jokes. When he does not get money for alcohol (or other substances) he gets wild'

According to Samanthi women attempt self-harm when baseless allegations of infidelity are made by close relatives including the husbands themselves. Another trigger of attempted suicide was related to substance abuse¹⁷. Many of the victims had their husbands addicted to cannabis. These practices exacerbate their poverty and subsequently led to unwanted quarrels at home unleashing violence against children, wives and neighbors.

In three cases women attempted to commit suicide as their husbands had scolded and beaten them making false allegation of having extra-marital affairs. Incidentally, attempted suicides are derogatorily referred to and interpreted as 'something to do with undesirable behaviour of women' (*gēnu-hutapata*). Here the perpetrator may be 'man' (in-law or husband's friend) but the total blame is squarely attributed to the female party. Interestingly the females who participated in the FGDs who were otherwise outspoken on other matters did not deny this perception even when this was pointed out by the research team.

In another case Siripala (approximately 40 years), a farmer, drank insecticides mixed with alcohol after a brawl with his wife on the day prior to the New Year day in April. Siripala had a two acre plot of paddy and half an acre of land of vegetable cultivation. When the market for banana and vegetables is good he could easily earn a gross income of around Rs. 20 to 30 thousand monthly. However, during the period of this study he experienced a dry spell that destroyed his crop.

The initial trigger for Siripala's episode was 'feeling of guilt' as illustrated in the following quote.

17. There is a contradiction in relation to absolute poverty that leads to hunger and prevalence of an addiction to alcohol. The unit cost of alcohol and substances like opium was much higher than the unit cost of a simple meal.

'My wife was angry that I was late and she had to do everything alone. We had an argument; she did not give in; I pushed her aside, she fell and hit her head on the wall; she was lying unconscious. I thought she was dead. I felt sorry for her and had a feeling of guilt. How can I face my relations now? I did not want to live anymore. I mixed insecticides with locally brewed alcohol and drank.'

However, the underlying circumstances that led to this case were complex and deep rooted. Siripala's income source dries up during frequent droughts. Even when the survey was in progress Siripala's situation was dismal owing to lack of rain and lack of occupational and income security. He recalled that 'the situation that led to his drinking insecticides about two years ago was very similar to the situation today'. The uncertainty arising from drought, crop losses, falling prices and low income aggravated the family dispute triggering the unfortunate incident of attempted suicide.

Everyday Stressors, Failing Aspirations

Nowadays most rural people lead a stressful life¹⁸. According to the findings of the FGDs, some of the villagers were capable of adopting successful coping strategies to deal with the stressors while many others lacked such capabilities. It was also found that traditional options for stress mitigation such as seeking advice of elders like grandparents in the extended family, talking to school teachers or elderly villagers, and advices of the Buddhist priest of the temple have disappeared in the villages. This lacuna was hardly filled by modern institutions dedicated to counseling although such arrangements are prevalent in the urban metropolis.

According to the study stressors arise from reasons beyond the control of the victims. For instance, poverty could impose a significant stress on families and individuals (Halonen & Santrock 1996). Accordingly it was found that economic uncertainties, job and income insecurity, family burden, failed aspirations, inability to fulfill expectations of the family are some of the reasons attributed to the heightened stress levels of the respondents.

¹⁸ Stress is defined as, 'a response of individuals to the circumstances and events called stressors that threaten them and reduce their coping abilities (Halonen & Santrock 1996: 505).

Most of the respondents were living as chronically poor or 'always poor' while others belong to the category of transitory 'sometimes' poor (Baulch & Hoddinott, 2000; McCulloch & Bob 2000). For them the question which remained unanswered was 'whether they must be born and die poor; don't we have any respite'.

Poverty is generally associated with uncontrollable life events. It was found that in times of good harvest families enjoy life. They make pilgrimages, visit relatives in far away places and also spend money on household durables such as sewing machines, television sets, other electric items and even motor cycles. However, every good crop is followed by a few bad crops and protracted periods of indebtedness. They start pledging the durables including jewellery to local money lenders including pawning centres of the State Banks.

The impact of severe poverty is multi-faceted. Not only have they made them economically distressed but also socially wretched. For instance, severe poverty causes marital unhappiness and to have spouses who are perceived to be less faithful (Halonon & Santrock 1996). According to the study eight (8) respondents reported that they were undergoing misery and mental pain on account of chronic poverty. The incidence of poverty often generates suspicion concerning how and why the income flows become meager and expenses become uncontrollable. Samanthi's narration is a case in point.

Inheriting Misery and Painful Childhood

Most of the respondents explained that they have felt hopelessness, despair, negative views about themselves and others when they were very young. These are indications of despair. However, it does not mean that all persons with highly depressed backgrounds would commit suicide.

Pushpakumara, (36 years) a survivor of self-harm said;

'I have tried to commit suicide three times in my life. My childhood memories are tainted as my mother continued with an extra-marital affair. At the age of eight I left home and started doing odd jobs. Recently, I attended a wedding party and I felt highly

dejected. We are relatively poor compared to others who attended the wedding. My attire was shabby and I could not spend on a dress as our family could not even have the daily meals. I knew some people were commenting on my dress. I was wondering why only I was a target of contempt. I drank half a bottle of agrochemical available at home to get rid of my mental agony'.

The situation turned worse when Pushpakumara's wife Champa (30 years), also tried to end her life. She too was depressed. When she got married to Pushpakumara she was having high hopes regarding the splendor of 'wedded life'. Her hopes got shattered soon when she experienced shortage of food, not having a place to live and lack of privacy and happiness at home. Her husband started beating her every time when they had a disagreement. She attempted suicide twice in her life.

Ironically, the respondents could not recall happy memories during their childhood. They had suffered a lot when they were children. The story of the forty-six year old Piyadasa from Balagama was a living example to prove this point. He recalled his past memories as follows:

'As a young boy I looked after a herd of cattle consisting of about 40 animals. I had to feed them; water them; bathe them and look after them. On top of that I worked in a rubber land tapping rubber trees located in a distant place in Monaragala. Whenever I could not meet the targets of latex my father assaulted me. While my other brothers were studying I was attending to household chores. I was like a slave. I knew this was unfair. I thought of committing suicide, even at very young age'.

Piyadasa's family lived in acute poverty and his wife said that most of the time they skipped one meal. They had two children: the eldest son was in grade nine while the second son was in grade five of the village school. Their monthly income was insufficient to buy food and other essential of their school going children.

Absence of Sense of Belongingness

The idea of sense of belonging contributes significantly to psychological and social wellbeing¹⁹. It makes the process of socialization trouble-free as people learn both positive and negative aspects of life while being in the community. In their childhood they learn when they should be happy and how to express their happiness. They also learn to express their grief, pain, frustration and anger. According to the field observations and informal discussions with the interviewees it appeared that the victims have learnt self-harm informally from the community itself as a way-out to vent their frustration. This does not mean that people in the villages openly advocate self-harm. However, people in these communities have a habit of espousing the 'virtues of dying honorably than living in agony'.

It is very interesting to know how they develop their ability to deal with various types of feelings such as happiness, grief, fear, shame or boredom. People in general are guided by their feelings than 'logic or reasoning' (Samarasinghe 2000). The cognitive domains such as 'knowledge', initiative, and enterprise to plan things out influence their social and psychological wellbeing. Nonetheless in most cases emotions outshine the cognitive domains and reasoning to generate a profound influence on 'attempted suicide'. The narrative of Piyadasa proves this situation.

Loss of Self-Esteem

The success and failures in one's life shapes the self-esteem of rural villagers (Myers 2005). The victims unlike government servants such as school teachers did not have an answer to a simple question such as "Who am I?" This was partly because of their negative 'self-image' or self-esteem. '*Api lthin Vedakata Nathi Udaviya*' (We are not worthy of continuing our lives)²⁰. The respondents lacked self-worth and it was ingrained in their minds. Most of the respondents interviewed could not remember any worthwhile event of success in their lives; the experiences of failures always surpass the number of successes. Their farming was annihilated by crop losses and droughts. Their cattle produce little milk while their herds were often

19. *Belongingness* is defined as 'being recognized as a member of the community'.

20. '*Self esteem*' refers to 'the feeling of worthiness that people enjoys when its social, political and economic systems promote human respect (Todaro and Smith, 2012 and Myers 2005: 63).

plundered by cattle lifters. Their yield is under-priced by the traders. They are socially and politically hopeless and nobody listens to them. They found that they have been surrounded by a set of wicked forces that go against everything they do.

They had no control of the availability of water and wherever water is available government officials grab the lands. Their harvest of fish never fetches a good price. The presumption that 'lives of people have been comparatively improved as they are less prone to smoking and drug addiction' as indicated by Myers is therefore questionable (Myers 2005). The general reduction in some of the 'socially immoral' activities does not necessarily mean that there is an overall improvement in the status of well being.

Learned Helplessness

The in-depth discussions had shown that they have reached a status of 'learned helplessness'. When animals and people persistently experience events that are unmanageable they learn to 'believe in helplessness and become submissive' (Myers 2005). Also they tend to consider that any effort to improve life would fail in the future and hence they would not try to cope up with such events leading to failures (Garrison 1992). The victims were of the view that they failed once on account of droughts and strived again using borrowed funds to buy seeds, agrochemicals and hire machines like sprayers but they failed again for no fault of theirs. When covariant shocks like droughts affect their livelihood, it becomes even more difficult to find wage work²¹. Duminda, (25 years) young man from Jandura described this pitiable situation as follows;

'I have invested twice on paddy cultivation. I cultivated four acres of paddy land but crop failure made me a debtor. I could not redeem the jewellery pawned. There was no wage work for weeks. I went to a garment factory at Lunugamwehera as a helper but the factory was shut down. Then I went for fishing but soon the water levels dropped and the stock perished. Then I joined a building construction site in Colombo as a helper but I could not continue there as the expenses were high. I have failed in all what I have tried'.

²¹ Covariant shocks make everybody in the community vulnerable. In such situations there is nowhere to borrow funds, no body to ask work, and nobody who can provide help to helpless.

The respondent was in debt for nearly Rs. 80, 000 by then. This amount included loans taken in cash and kind and pawned jewelleries in the previous seasons as well. When jewelleries are pawned most farmers fail to redeem their pawned items which may include their wedding rings, necklace etc., which also entail an enormous emotional value. The debt of Rs. 80,000 was a huge amount by any standards.

Suminda (34 years) lives with his wife and little baby in the parents' house. He did not have money to buy milk powder for his child as breast feeding was inadequate to quench hunger of the small child. Often they eat rice and *Lunumiris* (crushed chilli mixed with salt) for both meals. There was no third meal for them. This was against the backdrop of his heightened expectations to build a house, live an independent life with his family and fulfil all needs of his infant. But all these expectations failed repeatedly and had no answers to the crisis he was in which he called '*Karume*' (fate).

This case shows that the villagers in general are enterprising and willing to take risks. They do not have a habit of giving up easily. But the circumstances are such that they find failures are widespread and solutions to these failures are hard to come-by. The extent of 'deprivation' around them is driven by forces outside their control.

Irrespective of their age or gender, such situations were common for most of the respondents. All those who have attempted suicide had a strong feeling that they were left with no means of survival. Karunadasa, (50 years) an old farmer in Balagama, had a miserable childhood deprived of education, health, nutrition and caring. He was helping his father as an unpaid family worker but he never received a word of encouragement from his father or mother. For their parents supporting the family was compulsory.

This was case of a child labour and a denial of self-worth at a very young age. He attempted suicide when he learnt that his daughter married to a young man of a neighboring village, was tormented by the son-in-law. It may be argued that had Karunadasa learnt to cope up with vicissitudes in life when he was young, he could have successfully handled the situation as a father. Ironically, there was neither any thing of this sort in his young age nor was there institutional support to provide counseling to cope up with difficult situations in his mature age.

On the whole there was lack of social space to assure self-fulfillment of victims of suicidal ideation in the two locations. There was uncertainty and fear regarding the immediate future of the respondents. Although their main worry was the next meal there was hardly any reference to the official poverty net – *Samurdhi* which was designed to remove deprivations of people who are chronically poor. Evidently, the so-called 'exclusion errors' have made these people completely outside the official poverty net.

Socialization Process and Perception of Exclusion

Yet another facet of the findings reveals the connection between the attributes of personalities and suicides. The FGDs revealed that people who were balanced in their attributes did manage stressors with some success. Conversely, those who are unbalanced in terms of personality traits tend to inflict self-harm or project their anger towards others. Either way, its impact was damaging. Ironically they did not have a sound formal education, development of social skills and they have not received adequate care in their childhood.

The respondents were of the view that only they were chosen to suffer while the others enjoy comforts of life. They wanted to release frustration and pressures of agrarian distress conferred upon them by the socio-political system. This very thought was painful. As told by one respondent *mata indala wedak nehe kiyala hituna* (I did not see any purpose of living; I often felt like committing suicide).

The findings of in-depth interviews showed gaps in their process of socialisation²². In their early stages, children tend to imitate and follow their parents and internalize values, norms and social practices. Sociologists discuss the role of agencies of socialisation such as family, school, peers, religion and the mass media. The respondents had their childhoods tainted with unhappy memories and a sense of discontentment. They did not have the fortune to associate with the internal (family members) or external agents (school teachers, peers, and religious leaders) productively to share their difficulties when the atmosphere was unsympathetic towards them.

²² Socialisation 'Is the process whereby the helpless infant gradually becomes self-aware, knowledgeable person, skilled in the ways of culture into which he or she was born' (Giddens 2006: 163).

The story of Sugath (16 years) vividly showed this trauma. He was loner studying at GCE (O/L) class in the village school. He had nobody to listen to his disappointments. He took 15 tablets of paracetamol when his elder brother blamed him for not helping in the agricultural work. However, when he was in the hospital not even his favorite school teacher visited him. The stigma was so deep that he was disappointed that he could not take a few more tablets. Out of the 16 respondents only one married woman of Jandura said that she was happier in her married life than her life with her parents.

The poor standards of living of their parents did not permit them to realize the full benefits of free education. The parents too were struggling to keep the family fires burning than contributing to educate their children and hence their education was of a low standard. They did not have resources to find good schools and / or good tuition masters to learn English, Mathematics and Science subjects and continue their post-secondary studies

Poor Health Conditions and Suicides

In-depth interviews revealed that poor health also contributes to attempted suicides. Kumari, (29 years) from Jandura has been experiencing a medical complication where she had to spend a sum of Rs. 1500 each month for medicine and consultations. She needed counseling support parallel to medical treatment to cure her disease but there were no qualified paramedical professionals who could help her at the Tanamalvila Hospital. Similarly, Geethika, (19 years) living at Balagama, became paralyzed at a young age. She said:

'I can neither walk nor can I do any work properly. Earlier I was working at a garment factory but gave it up due my ill health. Though I was admitted to the Wellawaya hospital the doctors could not treat me as they failed to diagnose my condition. My parents are poor. They cannot spend for private consultancy'.

She was the eldest daughter of a family and her parents were separated. Her mother was the breadwinner doing manual work in the Pelawatte Sugar factory. She was worried about her mother's ability to do a physically demanding job to meet the cost of daily provisions, while looking after her.

In another case Anula's husband (36 years) was suffering from Epilepsy. She tried to find western medical treatment for which she had to make regular visits to Hambantota Base Hospital. The cost of traveling, medicine, wages forgone etc., were unbearable and she could not continue with the treatment to cure her husband. He becomes aggressive immediately after each attack of epilepsy. She always hid containers of pesticides thinking that her husband might swallow them. But one day she lost control of herself as she could not raise funds to finance her husband's medical expenses. She drank pesticide. These cases show the influence of psychological underpinning of self-harm. According to DSM III these are identified as somatoform disorders (Garrison 1992)²³.

Dealing with Guilt and Shame

In four cases the immediate cause of suicidal ideation was guilt. In one case the husband hit his wife in a fit of anger. When his neighbors blamed him for this act he felt guilty of facing his wife, relations and neighbors. He attempted suicide. In another instance a man tried to destroy him-self when his mother leveled allegations against him in front of others for stealing money. In yet another case the wife attempted suicide because her husband verbally abused her frequently in public using obscene language²⁴. She said "*mey miniha aayama kowa, māwa lajja kara*" (this man tore my good name into pieces, he humiliated me in public). She drank pesticides and was treated at the Wellawaya Base Hospital. Although she recovered from the impaired physical conditions arising from the intake of toxic substances, her trauma continued as her husband did not change his ways.

Coping Strategies

In general people adopted a mix of strategies to cope with stressful or difficult situations. Literature reveals that people use three types of strategies, i.e., active cognitive strategies, active behavioural strategies and avoidance strategies (Halonen & Santrock, 1996). Active cognitive strategy is a coping response in which the person actively

23. DSM is identified as *Diagnostic and Statistical Manual of Mental Disorder* is a system adopted by American Psychiatric Association in 1952. DSM III is an advanced categorization system adopted by American Psychiatric Association.

24. In this particular case the husband was in the vulgar habit of calling his wife *Vesi* – the literal meaning of which was 'prostitute'.

seeks means to adjust more effectively while active behavioural strategy is identified as a scheme where an individual takes positive action to improve the situation. The avoidance strategy means individuals tend to forget stressful situations thinking that they do not need to bother anymore (Halonen & Santrock 1996). This however is a self-deception. The study showed that people adopted both first and second options initially; if they cannot find solace, then they resort to the last strategy. The last strategy can result in taking alcohol, substance abuse, leaving the community (*Oluwa herunu atey yanawa* - leave the village and go somewhere) or even committing self-harm.

Recommendations and Concluding Remarks

The findings showed that distress and deprivation, lack of hope and self-esteem, not having institutional mechanisms to manage adverse effects of isolation, feeling of shame and guilt, self-deception were among the major factors contributing to 'attempted suicides' in the study area. Factors like distress and deprivation are deep-rooted and require introduction of 'inclusive strategies of development'. Some of the other causes like feeling of isolation, guilt and shame may be addressed by setting-up institutional arrangements through which potential victims could be provided with means of socializing. Provisions may also be made to obtain services of trained counselors when they are confronted with mental and psychological problems that are desperately damaging.

It may be useful to set up 'crisis mitigation centres' managed by trained volunteers who could advise the potential victims on psychological problems leading to stressors. As suggested by Mishra (2006), a mechanism of this sort could help providing initial support to mitigate adverse effects of stress, isolation, alienation, hopelessness and helplessness that trigger suicidal ideation²⁵. At a higher level, development programmes should focus on the psychological wellbeing alongside the material wellbeing. The formal and informal education institutions including religious and community centres around these villages could make a substantial contribution to improve the capacity of people to cope with stressful situations.

25. See Srijit Mishra (2006) in 'Suicide Farmers in Maharashtra'.

The policy makers may promote mental resilience through establishing optimism and connectedness for which education, awareness building programmes and creation of social capital can be effective in making people aware of adverse effects of attempted suicides, including health risks therein. It is important to set up 'cells of help' with increased number of counselors who could provide crisis counselling for high-risk groups. As most of the suicides are related to domestic violence, mechanisms should be introduced to manage such situations.

This indicated that deficiencies in the material and non-material development taking place in the villages contributed to poor state of wellbeing. The paucity of institutional infrastructure contributed profoundly to aggravate this situation. The frequent incidence of attempted suicides is fundamentally an outcome of these woe-d conditions. Poor coping strategies and mechanisms to cope with stressful situations has been a result of broader socio-economic-political and cultural gaps in the present socioeconomic structure. Where the conditions in villages are critically weak, those people who belong to the weakest segments encounter difficulties arising from lack of wellbeing. These conditions provide an ideal breeding ground for distress and consequent incidence of attempted suicides.

It is in this context that the policy planners should focus in the development of strategies to create a people friendly and inclusive approach to human development. An area that needs realignment is the assurance that psychological, social and material wellbeing are made compatible so that people would value their own life and feel secure in their relationships than mere material comfort. Unfortunately there seemed to be an overt prioritization of material development in which the benefits are targeted at the 'well-off' segments, perhaps at the expense of the 'worse-off'. This is one major factor that triggers unrest, frustration and stress eventually leading to suicidal ideation among the subjects of this study.

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