

Anthropological Engagements of Youths' Mental Health in Contexts of Modernizing Social  
Change: A Critical Assessment

Edward D. Lowe

Associate Professor of Anthropology

Soka University of America

Paper Submitted as a Pacific Basic Research Center Working Paper. January 2016

Address:

Soka University of America  
1 University Drive  
Aliso Viejo, CA 92656  
Email: elowe@soka.edu  
Office Phone: 949-480-4387

## Abstract

Concern over the negative effects of modernizing social change on the well-being of indigenous peoples is a mainstay in anthropology since the 19<sup>th</sup> century. Many of the 19<sup>th</sup> century explanatory tropes have come under sharp criticism in anthropology, suggesting a need to rethink how we understand the relationship between processes of modernizing social change and local resiliencies and vulnerabilities to them. But how often does this needed theoretical reformulation take place? Drawing on a large corpus of studies of the apparently worsened mental health among youths in many parts of Oceania that is associated with the rapid intensification of modernization and globalization processes over the past several decades, I argue that much of the contemporary literature uncritically reproduces universal social change narratives inherited from the late 19<sup>th</sup> century. After reviewing the available evidence for two sites regions (Samoa and the Micronesia), I suggest that the variation in the risks and resiliencies that emerge in the face of modernizing social change are a product of the selective local appropriation of elements among globalizing flows are integrated into local social relations, routines, and repertoires. As a result, these mental health consequences will be highly variable from one context to the next.

[Key words: social change, anthropological tropes, mental health, Oceania]

On February 12, 1962, The New York Times reported about a visit to the island of Yap by Jose Antonio Benitez, the Deputy High Commissioner of the Trust Territory of the Pacific Islands (TTPI)<sup>1</sup>. Mr. Benitez mission was to announce a new policy of “Progress! Bulldozers! America!” (The New York Times, 1962). His announcement ended a period that the United Nations had criticized as “benign neglect” and began an era aimed at the rapid modernization of the region (Hezel, 1995). Over the next two decades, U.S. development aid flooded into the USTTPI islands, rising from about \$112 per capita during the 1950s, to a peak of about \$4525 per capita (in 2014 dollars) by 1978 (Office for Micronesian Status Negotiations, 1984).

From the beginning, local TTPI officials, Christian religious clergy, community workers, and traditional leaders expressed concern over the apparent social and psychological consequences of these economic development programs, particularly for adolescents and youths (Ward 2004). Their concerns would soon be validated as reports of increased public drunkenness, delinquency, peer-violence, and suicidality among youths appeared across the region (Hezel 1976, 1977, Marshall 1979, Rubinstein 1983). The Micronesian islands’ experience was not unique. Reports of worsened mental health outcomes appeared for youths in other island groups during this period as well (Poole 1985; Haynes, 1984; MacPherson and Macpherson 1987; Gegeo and Watson-Gegeo, 1985).

Over the next few decades, empirical studies appeared to document and explain these problems (Rubinstein 1983, 1992, Hezel1987, Booth 1999a, 1999b, Macpherson and Macpherson 1987, Lowe 2003, McDade and Worthman 2004; Marsella, Austin, and Grant 2005; Roberts 2007). There were also a number of regional conferences and programs aimed at sharing information, promoting a better understanding of the problems, and proposing solutions (e.g., Hezel, Rubinstein, and White 1985; Bowles 1995). These studies became influential for a

much broader literature concerning the psychos-social health effects of globalization on youth worldwide (Schlegel 1995; Arnett 2002).

Given the region's tremendous variation in natural ecologies, forms of social and political organization, cultural belief and ritual, economies, migratory patterns and colonial histories, and the rich corpus of scholarly materials and official reports that document these variations (Borofsky 2004), such pressing social problems present a tremendous opportunity to better understand how modernizing social change might interact with these other variables to differentially effect the mental health vulnerabilities and resiliencies of local populations. At the same time, the recognition of these problems also presents an opportunity to uncritically reproduce the rough and ready tropes that already exist to explain the effects of modernizing social change on the well-being of indigenous populations that were well developed since the end of the 19<sup>th</sup> century (Kuper 2005). These tropes have come under considerable criticism in anthropology (Wolf 1982; Appadurai 1996, Comaroff and Comaroff 1997). Therefore, the goal of this article is to assess the literature that has emerged to explain the apparent recent mental health crises in Oceania in terms of these two theoretical possibilities. Realizing this goal is critically important both for studies of how modernizing social change might or might not bring harm to local populations but also for raising a greater reflexive awareness of how enduring scholarly narratives can powerfully shape our descriptions and analyses of the local worlds we seek understand in anthropological practice.

I begin with a discussion of 19<sup>th</sup> models of how social change associated with the transition from traditional to modern societies might worsen mental health and follow this with a selected review of the literature concerning the mental health of adolescents and youths in Oceania from the late 1970s forward. I will show that the contemporary literature recapitulates

the models of 19<sup>th</sup> century theorists, specifically, Durkheim. I will then present and discuss both published and some new analyses of suicide patterns both historically and in terms of demographic and geographic variables to show that there is no pattern consistent with the social change narratives present in the literature. I conclude by arguing that, rather than explain how rapid social changes associated with modernization projects created a youth suicide epidemic in the region, much of the contemporary literature reproduces a social change narrative inherited from the late 19<sup>th</sup> century, while at the same time participating in enduring Western discourse of “paradise lost” (Borofsky 2004) that has long centered on the Pacific Islands region. I will also discuss the implications of my argument for those interested in better understanding mental health problems among youths in rapidly modernizing contexts.

### **Theories of Social Change and Youths Mental Health Old and New**

In this article, I argue that the prominent 19<sup>th</sup> century models of social change and mental health, particularly as developed in the work of Durkheim, lurk under the surface of much of the contemporary literature for this topic. Some scholars are explicit about Durkheim’s influence (Hollan 1990; Tousignant 1998) while others draw from mid-20<sup>th</sup> century translators of Durkheim like Robert K. Merton (e.g., MacPherson and MacPherson 1987). In most other cases, the influence of theorists like Durkheim is implicit. Since Durkheim’s Le Suicide (1951) brings many of the different strands of 19<sup>th</sup> century theory into possibly the only relatively complete model (Giddens 1965), it will be useful to summarize his approach in some detail. This will enable a more effective presentation of how strongly these 19<sup>th</sup> century accounts have remained influential.

Over the course of the 19<sup>th</sup> century, suicide rates would become a signal indicator for how modernizing social change might worsen mental health and social functioning (Giddens

1965). One of the earliest social science literatures developed to document suicide rates and identify particularly vulnerable groups in terms of age, gender, marital status, social class, religion, and geographical location. The main model of modernizing social change used to explain differences in suicide rates was well established when Durkheim published *Le Suicide* in 1897 (Giddens 1965). What Durkheim would add was a more complete theory of the mechanisms that accompany modernizing social change might increase risks for worsened mental health for particular groups in society, as indicated by increased suicide rates.

How did modernizing social change shape the collective psychological functioning and well-being of a society's members? In *Le Suicide* (1897 [1951]), Durkheim would show that, while suicidal behavior could be found in all societies, both the rate of suicide and its causal meaning were a reflection of the particular forms of social organization present. He fit his overall account into the cultural evolutionary scheme (Kuper 2005). For example, in primitive societies, Durkheim argued that suicidal behavior was typically altruistic. In these cases, individuals, whose will was firmly submerged to the collective interests of the clan or kin group, took their own lives for the sake of the collective good or in the observance of ritual or societal duty. In modern societies, where individuals are caught between consciousness of their own individual interests while being socially dependent on others in the division of labor, suicide is typically either anomic or egoistic.

Anomic suicides reflect a society's higher levels of social disequilibrium, the inability of society's collectively shared norms and values to effectively regulate its members' desires and levels of satisfaction through social participation. In Durkheim's view, human desire for power, wealth, and status (or any other of life's satisfactions) is potentially limitless. However, these cannot possibly be met given the limitations inherent in nature and society. While early

experiences with natural limitations can help individuals learn strategies for delayed or deferred gratification, the internalization of cultural values and norms that one derives from membership in society provides an essential source of restraint for individuals' socially derived needs and expectations. So long as members feel that these standards for differential rates of sacrifice and satisfaction given the hierarchical organization of wealth, power and status in society are just, members do not suffer an exaggerated sense of dissatisfaction, frustration, and unhappiness. But, if norms and values lose their capacity to restrain desire, the constant socially produced imbalance between individual expectations and actual satisfactions would produce constant frustration and unhappiness and increase the risk of suicide as a means of alleviating their psychic pain.

Anomic suicide is particularly characteristic of newly modernizing societies because they are prone to periods of dramatic economic booms and busts. During times of sudden economic change, a state of social disequilibrium would emerge where extant norms and values no longer fully justify either the increased rates of return for some members of society or the suddenly decreased rates of return for others. During these times, increased psychosocial distress marked by frustration, indignant anger, even hopeless despair could accompany either a sudden loss or an increased awareness that new opportunities for personal gain were opening up but that one was unjustly blocked from realizing these new opportunities because of their position in society and the now "old-fashioned" norms and values that come with it.

Egoistic suicides are a reflection of low levels of its members' social integration into a society's collective institutions. A high level of social integration affords to society's members a strong sense of being a member of a group they love and promotes a willingness to defer personal desires for those of others. Suicide is less likely in these groups because an individual is

less likely to follow his or her own impulsive desires for self-harm without first considering its impact on others. Social integration also affords a sense that others love and support the individual both morally and practically. Thus, during times of need or psychological exhaustion or duress, individuals who are well integrated into social institutions are more likely to believe in and seek out the support of the group (Durkheim, 1951, pp. 209-210).

Durkheim (1951) argued that active membership in a well-integrated society and participation in its collective institutions provides a sense of transcendent purpose and meaning. This sense of transcendence allows a society's members to better cope with the existential awareness that, as self-aware mortal beings, "all of our efforts will end in nothingness, since we ourselves disappear," which "terrifies us" (p. 210). Without membership in a well-integrated society, "one would lose the courage to live, that is to act and struggle, since nothing will remain of our exertions" (p. 210). Members of a well-integrated group can derive some peace from the belief that their efforts will live on in the lifetimes of other group members who outlive them.

Modernization leads to social disintegration, particularly for the kin group, the primary institution in traditional society. Kuper (2005) summarizes the social change associated with modernization process as follows,

The family was withering away in these modern societies. Its moral, disciplinary and organizational functions would be taken over by trade unions and professional associations. Ties of descent, which had regulated communal property relationships, were losing their old importance. At the same time, the personal ties between husband and wife became relatively more significant. The nuclear family was the most important modern kinship institution. (Kuper 2005, p. 109)



As the primitive form of society based on kinship withered away, so did the symbolic representations and collective rituals that both organized it and regulated the behavior of its members (Kuper 2005). For Durkheim, social disintegration leads to something like a psychological mood disorder on a collective level. It is “a sort of collective asthenia, or social malaise, just as individual sadness, when chronic, in its way reflects a poor organic state of the individual” (Durkheim 1951, p. 213).

### **In Durkheim’s Shadow: Contemporary Theories of Social Change and Adolescent Mental Health.**

Given that Durkheim is rarely cited explicitly, it is striking how well the recent literature concerning social change and youths’ mental health in Oceania fits into his model. The literature for Samoa, Fiji, and elsewhere typically emphasizes the problems for adolescents and youths who have come of age during a period of dramatic social, political, and economic change on their home islands. But, these changes have been uneven, introducing social disequilibria that leave youths particularly prone to the sort of anomic suicide described above. The Micronesian literature emphasizes the effects of a dramatic decline in the collective everyday practices and ritual on the levels of social integration for older adolescents and youths, particularly young men, and the egoistic suicide that results.

Social Disequilibrium in Polynesia, Melanesia and Beyond. Alice Schlegel (1995) has provided a general model for how social change can shape the mental health of adolescents and youths, particularly in the poorer countries of the global south. She argues that as the global capitalist market economy expands worldwide, shared values for local, traditional adult occupations begin to diminish and are replaced by values that emphasize the importance of occupations that make up the division of labor in the modern globalizing political-economic

system. The post-World War II spread of liberal secondary and post-secondary educational institutions, the global media, democratic governance, and post-colonial political independence are particularly important for encouraging a view that anyone with the proper educational credentials and work ethic could come to occupy these more prestigious occupations. Ideally, adolescents and youths would be given socialization pathways that allow them to realize these values in their adult careers. However, given the explosive population growth in developing countries, youths find themselves competing with too many others to be able to find a position among new valuable modern occupations that are available locally. Schlegel (1995) concludes, for many ... the cards are stacked against their reaching a satisfactory occupational identity, as they find themselves torn between the possibilities held before their eyes and the reality of few good jobs and poor preparation for those that do exist. (p. 30)

Many then become frustrated and unfulfilled placing their mental health at risk as indicated by increased suicidality, peer-to-peer violence, and substance abuse (for a more recent version of this model see Greenfield 2009).

These anomic frustrations can be particularly acute for older boys and young men because valued adult male occupations in the global political-economy are tied to wage or salaried work and to using these earnings to support wives and children. Female youths have two pathways to choose. They can seek wage or salaried work or they can forge a meaningful adult identity “by bearing and caring for children, regardless of where their [economic] support comes from” (Schlegel 1995, p. 30).

In the literature from Oceania, social disequilibrium models are dominant among explanations of suicidality for Samoa (e.g., MacPherson and MacPherson 1987; O’Meara 1990; McDade and Worthman 2004). Consider the following quote from O’Meara (1990),

The correlation of the suicide epidemic with the rapid modernization of the post-independence era in Western Samoa is no accident. The desires and expectations of young people are changing very fast. Radios, movies, television, videos, and New-Zealand style education give people new ideas and new dreams. Perhaps most importantly, the dramatic increase in overseas migration and travel has opened up a different, and in many ways very attractive, world of new possibilities. The closeness of that other world sometimes makes patience difficult, yet the actual pace of social and economic change makes the fulfillment of the expectations very unlikely. Rapid social change alone is not the problem. Suicide is uncommon in American Samoa, where change has been far more rapid and dramatic than in Western Samoa. The real problem appears to be *uneven* change specifically the lag between young people's growing expectations and social and economic realities in which they live (p. 110-111, emphasis in the original).

O'Meara does not directly address the demographic concerns that were raised by Schlegel (1995), though these are part of the model advanced in MacPherson and MacPherson (1987) for Samoa.

During its suicide crisis in the 1970s and 1980s, Samoa was atypical because the rates for female youths were similar to the male rate (MacPherson and MacPherson 1987, Booth 1999a). Generally, male rates are three or four times greater than female rates, on average. Heather Booth (1999b) offers an explanation for the observed gender differences. Drawing on the available ethnographic accounts (e.g., Counts, 1984), Booth (1999b) argues that the traditional pathways to meaningful adult identities are fundamentally different for male youths and female youths in most Pacific Islander societies. The pathways for power and status among young

women traditionally operate through the combination of sexuality, marriage, and childbearing. For young men, on the other hand, power and status is a product of their socio-economic status and record of socially valued achievements. Young adult socialization in Pacific Island communities has traditionally guided young men and young women along different paths according to these different socialization goals. As a result, the impact of social change on the well-being of youths depends on how the social changes transform these gendered pathways into a socially and culturally valued adulthood. Booth (1999b) argues that, for young women, modernizing change leads to a lowered value of traditional women's roles and the relative lack of autonomy deciding one's future. This in turn challenges traditional gender norms and gendered forms of power, often leading to authoritarian and punitive responses particularly from a girl's parents or in-laws, increasing a sense of powerlessness and frustration for older girls and young women. For young men, individual efforts counts less than economic growth since their status is tied to achievement in the formal employment sector. Here, "the shortfall between individual expectation and achievement heightens the perception of powerlessness among male youth" (Booth 1999b, p. 61).

In Booth's (1999b) model, the social disequilibria that MacPherson and MacPherson (1987) and O'Meara (1990) describe are more likely to be a risk factor for young men, whose modern identity aspirations are driven more by sense of social-economic or other achievements. For young women, the attempts by parents and other more powerful kin-group members to enforce traditional norms concerning a young woman's reproductive choices in the face of her greater desire for autonomy increases their risk for mental health problems, should their frustration with these adult authority figures persist without resolution (e.g., Counts, 1984).

More recently, these social disequilibria models have been amended to allow for bidirectional flows between the traditional and the modern. In a widely cited essay, Arnett (2002) argues that youths should develop local/global hybrid identities in order to successfully adapt to the forces of globalization that they encounter. Young people, who are unable to do so, are at greater risk for poorer mental health.

McDade and Worthman (2004) propose a model somewhat between the balanced hybridity of Arnett (2002) and older social disequilibrium models. Rather than an exclusive focus on the development of hybrid psycho-social identity, they theorize in more general, nested terms, including the psychological, social, cultural, and institutional features of the contexts of growth and socialization. They propose that “socialization ambiguity” may contribute to the problems of youths in places like Samoa. Socialization ambiguity occurs when youths are confronted by mixed messages and contradictorily instituted socialization practices about the relative value of local-traditional and global-modern goals to pursue in fashioning one’s adult identity.

Arnett (2002) and McDade and Worthman (2004) offer a more complicated picture of how local and global normative systems and youths’ opportunities for achievement can interact to produce better or worse mental health outcomes. Youths who participate in communities that remain committed to many of their core local cultural values, particularly those values that define moral behavior within the context of reciprocity in the family and kin group can be at greater risk for frustration and confusion when the goods and economic opportunities present in the global economic system have been ambiguously integrated into this kin-based local values system (Hollan 1990). In these contexts, the exposure to globalized values in addition to local values opens up a great variety of items, activities, and opportunities to youths and their families.

These models suggest that those youths who are able to find resolution to these ambiguities would suffer less than those who are unable to do so.

Models of Social Disintegration and their Application in Micronesia. Working from suicide case data and extensive ethnographic and personal experience in Micronesia, Hezel (1987) and Rubinstein (1992, 1995, 2002) argue that social and economic changes led to the social disintegration of lineage groups, making young men particularly vulnerable to social marginalization and mental distress. Hezel (1987) observed that suicides in this region are usually precipitated by family conflict. So, something within the dynamics of Micronesian families must be responsible for the increased rates of suicide across the region. Perhaps these family troubles were primarily the result of the transformation of kin groups from lineage-based organizations to nuclear families. This transformation was promoted by the rapid growth of the cash economy in the former USTTPI islands that began in the early 1960's (Hezel 1995).

According to Hezel (1987) in the period from the 1960s to the 1990s for the first time in nearly 100 years of economic and political integration into the global political-economic order, Micronesian islander households had much greater direct access to wage work and were, as a result, able to purchase more imported food (e.g., rice and tinned meats) for their basic daily needs. Before this time, most islander households relied on the cooperative productive labor of lineage mates or in-laws to harvest and prepare the produce of starchy tree and root crops (e.g., breadfruit, yams, and/or taro) and protein products they collected from the reefs or fished. The co-operative labor of the extended kin group fell under the direction and authority of lineage segment heads or lineage chiefs. As wage-based productive labor and associated expenditures came under the greater control of parents as household heads, the cooperative adult labor that held lineage-level organizations together diminished considerably. The authority of lineage level

leaders also diminished while that of nuclear family heads (e.g., parents and eldest siblings) increased.

As a result of these changes, youths came to rely more on their parents and older siblings for the various needs and permissions, while youths of earlier generations had a much wider range of adult kin to count on for support. Since access to highly valued manufactured goods is limited in Micronesia and youths have become largely dependent on their parents to purchase them, tension and conflict between youths and their parents. At the same time, weakened lineage structures left youths with fewer supportive ties to other adults who could mediate the conflicts between youths and their parents. Hezel (1987) concludes that this combination of increased intergenerational tension inside of the reinforced nuclear family and the loss of adult supports in the weakened lineages contributed greatly to the suicide epidemic in the Micronesian societies, and probably also in the Samoan case.

Donald Rubinstein (1983, 1992, 1995, 2002) places many of Hezel's observations in a human developmental framework, aiming to better explain why young men are particularly vulnerable. Rubinstein (1987, 1992) has characterized the traditional pattern of Micronesian socialization as centrifugal: At certain critical periods of children's development in central Micronesia, structural and relational tensions emerge in the prior care giving arrangement that are culturally managed by encouraging children to shift their attachments from current caregivers to others within the wider kin group. So, after receiving care from their mothers in infancy, their fathers and older siblings provide the bulk of care until about age 12. At about puberty, the extended kin group of cousins, aunts, and uncles become increasingly significant. As a teenager, a young person is likely to spend significant time away from the natal family, even traveling for extended periods to live with relatives on nearby islands. Finally, with marriage, attachments

extend to one's spouse and affinal kin. The overall goal of these traditional socialization experiences is to produce an individual who becomes increasingly interdependent (as opposed to autonomous and independent) with a wide ranging set of kin, often members of his or her mother's matrilineage first, his or her father's matrilineage second, and to one's spouse's lineage third.

The period of social adolescence in Micronesia, spanning roughly from the onset of sexual maturity until marriage and childbirth, can be particularly problematic for male youths. During this period, the relationship between brothers and sisters becomes one of avoidance and reserve (Gladwin and Sarason 1953, Rubinstein 1992). As a means of managing this culturally sensitive period, male youths are typically expected to move out of their natal family household. Before the 20<sup>th</sup> century colonial period, older teenage boys and young men would typically take up residence in a lineage meeting house, a lineage owned bachelor's club house, or live in the houses of extended kin who had no classificatory sisters. Teenage girls and young women typically stayed close to their own households.

Economic roles for male and female youths were markedly different. Girls and young women's productive activities become focused on household chores like tidying the house, gathering and preparing food, and helping to care for younger children. Boys and young men often participated with their brothers and cousins in peer-related activities such as studying local martial arts and with their uncles, fathers, and grandfathers in wider lineage or lineage-segment level activities, like planting and maintaining gardens, fishing beyond the reef, and building or repairing houses, cook-houses, and other lineage structures.

This pattern of activity enabled girls and young women to maintain closer relationships with their own parents and the other adults of their natal households. Boys and young men were



more dependent on the supports among men of their wider matrilineage. So, this time was often one of greater social and economic insecurity for boys and young men. These insecurities are often found in recorded cases of suicidal behavior present in the early ethnographic literature for Chuuk Lagoon (e.g., Gladwin and Sarason 1953; Rubinstein 1995). Young men's insecurities seem to diminish after marriage when they are once again firmly part of and productively contribute to a domestic household.

Rubinstein (1992) argues that, by the end of the Second World War across the former USTTPI island groups, many of the lineage level institutions and related activities were abandoned while the practices associated with brother-sister avoidance have remained in place. Those male youths who would come of age in the post-war period (starting about 1965 or so) were particularly vulnerable to the deep insecurities that result from the expectation that they avoid their sisters and, by extension, their natal households. Left in a state of increased social marginality, young men would continue to be vulnerable to suicide until new social and cultural adjustments emerged that would allow them to become better integrated into the new, modern family forms in Micronesia (Rubinstein 1995).

While Hezel and Rubinstein have concentrated on social disintegration and the loss of social supports for young men in Micronesia, other work has addressed the existential problems that social disintegration can create. Marsella, Austin, and Grant (2005) and Salzman (2005) have proposed a model to explain suicide and other problems (e.g., substance abuse, mood disorders, violence and crime, etc.) among some local youths as a result of social disintegration and cultural dislocation in the context of Western colonialism. Marsella, Austin, and Grant (2005) propose a model where rapid social and technological changes can lead to the disintegration and dislocation of social and cultural forms that, they believe, "have endured for

generations” (p. 274). The resulting loss of tradition rends the social fabric that binds members of the societies together into productive and healthful systems of meaning leading to increased incidence of psychosocial pathology (echoing Durkheim). Salzman (2005) places much of the blame on what he presumes were the abusive practices of colonial agents who engaged in institutional forms of cultural exploitation, denigration, and destruction. Salzman, echoing the 19<sup>th</sup> century European humanist tradition in cultural studies (Kuper 1999), claims that the “cultural trauma” that results leaves indigenous peoples without authentic cultural forms necessary for managing the deep existential anxiety inherent in the human condition but also quite specific to the particular ecological circumstances of particular populations.

### **Social Change and Youth Suicide in Oceania: Is this a Narrative in Search of Evidence?**

Clearly, much of the contemporary work concerning social change and how it endangers youths’ mental health resonate strongly with explanations developed by the end of the 19<sup>th</sup> century. But, are these general, universal models of modernization, cultural disruption, and mental health risks valid? Or, do they represent yet another opportunity for scholars and local (post)colonial and indigenous leaders to, perhaps unconsciously, rearticulate and reanimate the “culture wars” (Kuper 1999) of the Enlightenment and Counter-Enlightenment?

First, the acculturative change and social stress narrative was well established in the economic development and anthropological circles by the late 1960s and played a prominent role in the shaping of mid-century American anthropology (Kuper 1999), well before suicide rates shot up in Micronesia and elsewhere. It was certainly well established in Oceania in the decades after World War Two. For example, when Mr. Benitez visited to Yap in 1962 he told the audience of local Yapese and American Trust Territory officials,

I am not saying destroy their culture. ... No, not at all. The Yapese, they can have their stone money and their dances, and whatever they want, whatever they want to keep. But I tell you that clean water does not destroy culture. Schools and hospitals do not destroy culture. If a man can sleep on a mattress instead of the bare ground that does not destroy his culture. A latrine does not destroy his culture! (New York Times 1962)

By the late 1960s, the narrative of culture loss and “acculturative stress” was the main purpose behind Martha Ward’s joining a team of anthropologists, psychologists and medical researchers to study the effects of social and cultural change on stress physiology on the Micronesian island of Pohnpei in 1970 (Ward 2004). On a more popular level, documentaries like *American Samoa: Paradise Lost?* aired on public television stations in the United States in the late 1960s (cited in O’Meara 1990, p. 235).

The title of that documentary reveals much about the reanimation of the narrative used for thinking about and discussing social change and mental health in Oceania. “Paradise” has often been used as a descriptor in the titles of several mid-century studies about places in Oceania. For example, Gladwin and Sarason (1953) titled their post-war ethnography for Chuuk Lagoon, *Truk: Man in Paradise*. A more recent ethnographic film about uneven social change in the Micronesian islands of Chuuk was titled *A Confusing Paradise* (Arrizabalaga, Lamarka, and Moral 1994). This is part of a much older pattern of Western imaginings of the islands of Oceania. Robert Borofsky (2004) argues that the islands have long retained an idealized, even paradisiacal image in the West. As the booming tourism in the region attests, these islands remain destinations for those who seek to escape the pressures of modern industrial civilization. The packaging of island tradition, unspoiled and firmly rooted in the past is a significant feature of the tourism in the region.

Narratives of social change, culture loss, and social ills may have a much deeper history. Matthew Tomlinson (2004) argues that themes of historical decline and its association with the apparent abuse of kava have been present in Fiji since the earliest colonization of the islands in the 19<sup>th</sup> century. These concerns may have been a common theme in chiefly discourses about commoner use of kava prior to colonization. I suspect that, given constant innovations associated with generational change, adaptations to the sometimes abrupt and destructive climatological events such as typhoons and prolonged drought, and broadly dispersed kin and trade networks among Oceanic peoples (e.g., Petersen 2009), that social and cultural change and associated narratives of decline and the associated dereliction of youths and non-elites may be a constant in the region, just as it is in other parts of the world (Tomlinson 2004).

Second, the application of the social change narratives of social disequilibrium and social disintegration has rarely been accompanied by an assessment of the empirical evidence that support the explanatory claims advanced in the literature. In many cases, statistical evidence was not available at the time. So, the models were in some sense always speculative. But, as evidence became available in the 1980s, they were rarely consulted to assess the adequacy of the arguments scholars were making at the time. In what follows, I review the available evidence in an attempt to assess the validity of the social change and mental health models under consideration here.

A common claim in the literature is that youth suicide rates in many islands of Oceania are among the highest in the world (e.g., Forster, Kurueca, and Auxier 2007). But, the available evidence suggests that suicide rates are actually quite variable across the region. Moreover, where suicide rates have been high by world standards, they have not been consistently high since the reported epidemic peaks reported in the 1980s. For example, the World Health

Organization (1999) reported the average overall suicide rate for 105 nations in 1995 as 16 per 100,000. The three highest rates at that time were for the Russian Federation (37.6), Estonia (40.1), and Lithuania (41.9). Booth (1999a) and Vivili, Finau, and Finau (1999) report unstandardized suicide rates for 14 Pacific Island populations for the comparable period of 1988-1992.<sup>2</sup> Six of these 14 island nations had rates lower than the WHO estimate for the global suicide rate in 1995, New Caledonia (10), Papua New Guinea (<1), Vanuatu (3), French Polynesia (9), the Northern Marianas (13), and Tonga (3). Guam (16) and American Samoa (18) were close to the world average. The remaining six include the Republic of Palau (29), the four states of the Federated States of Micronesia including Yap (48), Chuuk (35), Pohnpei (20), and Kosrae (28), and the Republic of the Marshall Islands (26). It is worth noting that the Northern Marianas, Guam, American Samoa, and the Micronesian polities are all either territories or commonwealths, or “freely associated” with the United States and subject to its development policies since 1947.

In addition to these 14, two remaining island nations stand out in the literature. The first is Fiji, where the picture is complicated with regard to the social change and mental health narrative under consideration here. In the early 1980s the overall standardized suicide rate for Fiji was 19 per 100,000 (Booth 1999a). However, this rate masked a sharp difference between the high rates for ethnic Indian Fijians (29 per 100,000) and a low rate for indigenous Fijians (3 per 100,000). More recently, Forster, Kuruleca, and Auxier (2007) found a slightly lower overall rate for Fiji (15 per 100,000 in 2002) with the rate for indigenous Fijians still much lower (4 per 100,000) than the rate for Indian Fijians (24 per 100,000).

The second is Samoa. About a decade after national independence from New Zealand in 1962, suicide rates in Samoa were rising sharply, from between 4 and 7 per 100,000 in the early

1970s to 31 per 100,000 in 1981 (Bowles 1984, Booth 1999). After that time, it appears that suicide in Samoa declined sharply. Using Bourke's (2001) reported incidence of suicide and population estimates available from the World Bank, one finds an average unstandardized suicide rate of 12 per 100,000 for Samoa for 1988-1992.

The comparison of rates for Samoa and the former USTTPI Micronesian island groups (Palau, Yap, Chuuk, Pohnpei, Kosrae, and the Marshall Islands) is interesting because the timing of the onset of the suicide epidemics in these two regions was so similar and appeared fit the social change narrative so well, particularly from the vantage point of the 1980s scholarship. However, if one examines the rates of suicide using available data for Samoa and Micronesian island groups since the 1980s the patterns between the two become less similar. Table 1 shows estimated, unstandardized suicide rates for six Micronesian island groups and Samoa from the mid-1960s to the early 2000s.<sup>3</sup> Table 1 shows that while overall rates in Samoa have declined to below the world rate in the 1990s and early 2000s, Micronesian rates peaked in the early 1980s and have generally remained high into the early 2000s.

The Samoan pattern is particularly interesting because many of the circumstances associated with the social disequilibrium narrative such as rising expectations gained through increased access to secondary and tertiary education, western media, and opportunities to migrate abroad mixed with few local modern economic opportunities persists to the present. For example, according to data available from the 2011 Samoa Census of Population and Housing (Samoa Bureau of Statistics 2011), in the rural island of Savaii and those rural districts on Upolu that are not in the North West section near the urban center of Apia, about 75% of the population aged 15 years and older had attained at least a secondary level of education. Yet, only about 40% reported being economically active and, of these, over half in rural Upolu and nearly two-

thirds in Savaii were active in subsistence work as opposed to the wage economy. In the urban center, Apia, 88% of residents 15-years and older had attained at least a secondary level of education, yet just under half (48%) were economically active, nearly all (90%) employed in the wage economy. Given the evidence of an enduring imbalance between levels of education and the levels of employment in the wage economy, outmigration remains heavy, the World Bank (2014) estimates that net outmigration has between 7 and 11% since the 1970s. The main motivations for migration have been the pursuit of greater educational opportunities and economic stability since the 1950s (MacPherson, Bedford, and Spoonly 2000).

In the socially and culturally more diverse Micronesian region one finds more variability in the levels of educational attainment. However, according to fairly recent census reports, levels of secondary and tertiary educational attainment still far outstrip the level of economic opportunity in the wage or salaried employment sectors. For example, among the states of the Federated States of Micronesia (FSM) in 2010, the percent of adults aged 25 and older who had at least completed high school varied widely from higher levels for Yap and Kosrae States, 59% and 55% respectively, to lower rates for Chuuk and Pohnpei States, 28% and 35% respectively (FSM Division of Statistics 2012). For the Republic of Marshall Islands in 2011, 43% had completed at least a high school education (Republic of Marshall Islands 2012). The highest attainment rates appear to be for the Republic of Palau where 70% had at least graduated high school (Palau Office of Planning and Statistics 2005). As is the case in Samoa, economic activity across Micronesia remained a mixture of wage work and subsistence work in 2010-2011. In the Marshall Islands and Kosrae, nearly a third of working aged adults (15+) were employed in the wage or salaried sector (29% and 33% respectively) while under 10% were doing some form of subsistence work. Yap and Pohnpei States reported a balanced mix of involvement in

these two types of economic activity with 32% of the residents of Yap were employed in wage/salary jobs while about 31% did subsistence work and 29% of residents in Pohnpei were employed in wage/salary jobs while about 26% did subsistence work. Finally, in Chuuk State only about 14.5% were employed in wage/salary jobs while about 26% did subsistence work. Similar data are not available for the republic of Palau for this time period.

Census reports for the Micronesian region dating back to the 1950s allow a longitudinal look at how expanding educational opportunities had outstripped economic opportunities in the wage and salaried employment sector over the second half of the twentieth century. The 1958 Census of the Trust Territory of the Pacific Islands (USTTPI 1958) reports educational attainment for the adult population older than 25 years as less than 2% high school graduates across the different Micronesian island groups. By the 1980 USTTPI census (U.S. Bureau of the Census 1980), these had improved for adults 25 and older from a high of 44% high school graduates in Kosrae to a low of about 14% high school graduates in Chuuk. These rates would improve further by the mid to late 2000s, with a low of 28% in Chuuk and a higher rates of 59% for Yap and 70% for Palau. Population growth was rapid during this period. Exclusive of the Northern Marianas, population across the remaining former USTTPI island groups (the Marshall Islands, the Federated States of Micronesia, and Palau) increased from about 62,000 in 1958 to about 178,000 in the mid-2000s. So the improvement in educational attainment reflects a dramatic increase in capacity to educate growing numbers of children and youths during this period.

A very different picture emerges when one examines patterns for economic opportunities over this period. What is striking is how little the relative mixture of economic activity between being employed in wage/or salary jobs and working in agricultural or subsistence work has



changed since the late 1950s as a proportion of the population. For example, in 1958, the percentage of working age adults (15+) employed wage and salary based occupations ranged from 16% in Pohnpei, to about 22-25% for Chuuk and Kosrae, and about 30 to 34% for Palau and Yap (USTTPI 1958). Those working in subsistence, market agriculture, or home manufacture (including copra, farming, and handicrafts) ranged from 6-8% in Palau and Pohnpei, to 20-27% in Kosrae, the Marshalls, and Chuuk, and a high of 54% in Yap. Across the USTTPI region in 1958, about 23% were employed in wage or salary occupations and about 20% were employed in agricultural or subsistence occupations. Preparing copra made up the lion's share of these activities. By 1980, employment for those 15 years and older in wage or salary jobs ranged from 18% in Chuuk, to around 25% for Yap, Pohnpei, Kosrae, and the Marshalls, and 39% for Palau. Across the region in 1980, nearly identical percentages of working age adults were employed in wage/salary jobs (22%) or subsistence-level jobs only (25%) (U.S. Bureau of the Census 1980). Across the region in 2010, now exclusive of Palau for which data are not available in 2010 or 2011, about 25% of residents were employed in wage or salaried jobs while about 20% were engaged in subsistence level work (FSM Division of Statistics 2012; Republic of Marshal Islands 2012).

So, the trend across the Micronesian region from the late 1950s to the present is one of apparently increasing disequilibrium between educational attainment and local economic opportunities in the modern wage and salaried sectors. Reports indicate that the same trend has been true for Samoa since the 1960s (MacPherson, Bedford and Spoonley 2000). However, only in Micronesia does the longitudinal pattern of suicide rates from the 1960s to the early 2000s fit a tale of persistent social disequilibrium. The steady decline in suicide rates in Samoa since the early 1980s is inconsistent with the social disequilibrium narrative.<sup>4</sup>

One possibility is that social disequilibrium, while correlated with suicide rates, is not the causal explanation. The social disintegration thesis might be the better. But, the evidence of high levels of social disintegration for Micronesia is weak. These same census data can be used to assess whether or not there is a trend toward family “nuclearization” over time. From 1958 through the more recent census in the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands, information on household composition is recorded in terms of the familial relationship to the household head in terms of spouses, children, parents, grandchildren, and other non-specified relatives. These data can be used to examine any change in the likelihood of household members other than those that would represent a nuclear family structure (e.g., parents of the householder, grandchildren, siblings, siblings’ children, affinal kin, etc.) being present in households from the late 1950s to the present. For the island groups across the USTTPI in 1958, 28% of household members were listed as parents, grandchildren or “other relatives” of the householder, most (19%) were “other relatives”. By 1980, 26% of household members were non-nuclear extended kin of the householder and 29% in 2000, the most recent year where such data are available. In 2000, the lowest percentage of extended kin living in households was for Palau at 26% and the highest was in the Marshall Islands at 36%. As a point of comparison, in the 2010 United States census only 7% of household members were related to the householder as extended kin. Therefore, the speculation concerning family nuclearization in response to the modernization in the Micronesian region is not supported by these data. Micronesian households appear to be as complex in the present as they were prior to the onset of the current period of modernization.

Available ethnographic evidence also runs contrary to the claims of social disintegration in Micronesia. Overall, several relatively recent studies of kinship practices in Micronesia

present a picture of innovation and resiliency as core kinship principles that are common throughout the region like the primacy of cooperative sibling ties, a matrilineal bias for the lineage membership of offspring, inheritance of property, group identity, and clan membership are creatively adapted to new circumstances as these islands participate in both local and translocal practical, political and economic currents (Burton, Nero, and Egan 2001; Carucci 1997; Lowe 2002; 2003; Marshall 1999). It is likely that this adaptive flexibility of core kinship structures that are common across the Micronesian region have been essential for survival in these fragile small island ecologies in a climatologically volatile region prone to extended periods of drought and frequent tropic storms and typhoons for centuries (Petersen 2009). This adaptive flexibility of Micronesian kinship may also be key to surviving the boom and bust cycles associated with the regions ongoing participation in the globalizing world order under several colonial regimes since the mid-19<sup>th</sup> century.

MacPherson (1999) also describes a similar pattern of innovation and accommodation in kinship practices in Samoa as a result of its greater participation in the globalizing political-economic system since the mid-19<sup>th</sup> century as opposed to clear patterns of social disintegration and outright dispossession and displacement of local cultural forms. This would seem to present stronger support for the social disequilibrium model of social change and suicide reviewed earlier in both Micronesia and Samoa. Yet, it is only in Micronesia where suicide rates have remained high since levels of education and the type of employment increasingly appear to be out of balance. Moreover, the same tale of social disequilibrium, rendered as “modern anxieties,” have been reported for Tonga (Besnier 2011) and among indigenous Fijians (Becker 1995). Yet, as documented above, suicide rates for both Tongans and indigenous Fijians have been very low by world standards in recent decades. Overall, then, one finds little consistent

support for either the social disequilibrium or social disintegration models as general explanations for the relatively recent suicide epidemics among youths in places like Samoa and the Micronesian island groups.

But, clearly, something was going on in the 1970s and 1980s in Samoa and the Micronesian islands as the suicide epidemics in both places are well documented. In the Samoan case, Bowles (1984, 1995) reports that suicide in Samoa was rarely associated with mental illness, particularly prolonged mood disturbances like depression. Suicides were rarely planned in advance. Rather they were apparently impulsive acts in response to sudden or ongoing interpersonal tension or familial conflict, and typically occurred in connection with being chastised or having been caught in an act that could expose the family to public censure or ridicule in the community. The emotions associated with these acts of suicide were anger, resentment, jealousy, shame, and humiliation and a sense of being rejected by one's family. Altogether, these patterns fit suicidality as a form of protest (Hollan 1990) or what Edward Hagen and colleagues have called "costly signaling" in an attempt to gain renewed sympathy and support from family members in the immediate aftermath of some deeply felt personal slight, act of neglect, or shameful exposure (Hagen, Watson, and Hammerstein 2008). Suicidal intent in Samoa may not be to kill oneself, but rather an impulsive strategy of self-harm as a means of negotiating critical interpersonal conflicts, almost always within the local kin group (Bowles 1995).

The lethality of the means collectively chosen for such costly signaling, then, can be a critical factor in shaping overall suicide rates, particularly for nations like Samoa where the populations are relatively small. In Samoa, self-poisoning by overdosing on some substance was the most common strategy of self-harm (Bowles 1995). When Paraquat, a highly toxic herbicide

that had only been developed at about the time Samoa gained independence in 1962, became increasingly and widely available in Samoa largely through Government subsidy and distribution in the 1970s, suicidal deaths by Paraquat poisonings increased in direct association. In 1981, Paraquat poisoning was associated 40 of 49 (82%) recorded deaths by suicide in Samoa and 34 of 45 (75.5%) non-lethal suicide attempts (Bowles 1985). Bowles (1995) has shown further that as Government funding for Paraquat importation and distribution declined sharply in Samoa in the early 1980s so did the suicidal death rate. Since the 1980s, the preference for Paraquat ingestion as a method has also declined. The Samoan Ministry of Health (2005) reported that Paraquat poisonings remained the most common method for attempted suicide and death by suicide between 2000 and 2005 (46% of 97 cases reported to the two main hospitals during this period). Coupled with the decline in suicide rates overall in Samoa since the 1980s, this suggests that more recent cohorts of youths may have adjusted to less lethal means of costly self-harm signaling in Samoa.

Across the Micronesian contexts, the circumstances surrounding suicidal behavior are nearly identical to the general pattern reported for Samoa (Rubinstein 1983, 1995). Reports of suicide in association with psychosis or chronic mood disorders are rare. Rather, these also seem impulsive acts of protest or costly signaling in response to familial conflicts. The emotions associated with suicide in Micronesia are also very similar to Samoa, with the great majority coded as anger suicides, as opposed to suicide in response to experiences of shame or humiliation (Hezel 1987). While various less lethal means of self-harm as a means of costly signaling have been reported across Micronesia like throwing oneself from a coconut tree, attempting to drown oneself in the presence of others, or refusing to eat (Gladwin and Sarason

1953, Rubinstein 1992), the great majority of suicidal deaths are the result of intentional hanging and death by poisoning is quite rare (Rubenstein 1983).

The suicide epidemic in Micronesia, then, is not the result of how a globalizing industrial poison like Paraquat becomes increasingly available largely through a national government subsidy that Bowles (1995) reported likely went to a private importation company, and is then suddenly appropriated as a means of protest suicidality by local youths in the late 1970s and 1980s as is the case in Samoa. The picture for the Micronesian region is further complicated by the great diversity of contexts across which the epidemic has been taking place, a complex mix of high volcanic islands and low lying coral atolls, nine distinct language groups, and a complex array of social organizational and political economic arrangements both before and after successive waves of colonial control. Although there may be a distinctly “Micronesian” cultural and social organizational substrate across the region that has deep roots historically (Petersen 2009), there is nothing like the greater cultural homogeneity of the Samoan case.

Yet, the suicide epidemic runs through the region in a consistent fashion, from the Marshall Islands to the east and Palau to the west. Moreover, rates have remained stubbornly high by world standards at least until the early 2000s, although they have come down somewhat from their peaks in the early 1980s. We have already discussed the problems with explaining this pattern in terms of a social disequilibrium between increasing levels of educational attainment and lower levels of economic opportunity or in terms of social disintegration of the lineage based clan and kin groups. What remains from the discussion of suicidality in the available literature is the sudden increase in the availability of United States dollars from the 1960s through the 1970s and the competitive and consumptive lifestyles this infusion created across the region. There is a strong correlation between the levels of United States aid to the

region and suicide rates (see Figure 1). The ethnographic record is clear that Micronesians appropriated the increasing availability of dollars to import consumptive commodities and building materials that would fuel intensified rounds of expensive ritual feasting, church and lineage or local political building construction, and the production and ownership of a host of lifestyle items from imported clothing to radios, televisions, and VCRs. At the same time, youth were innovating new lifestyles that in some ways reflected the globalizing youth lifestyles found elsewhere reflected in clothing styles, media consumption, and the use and abuse of tobacco and alcohol but also appropriating them into locally meaningful forms. Older boys and young men's use of tobacco and alcohol and the peer-to-peer fighting and other acts of bravado that can accompany it became particularly problematic during this period, and has often been a source of tension and familial conflict that precede suicide attempts (Marshall 1979, Rubinstein 1995, Lowe 2003).

In sum then, the Micronesian case may reflect the particular style of development policy in the region since the 1960s. A policy which, while providing some increased educational opportunities, has also emphasized massively subsidized global market participation at the expense of investment in the development local productive capital. This artificial infusion of dollars into local economies likely fueled consumptive practices that have increased tensions in households and lineage groups that are strained by the demands of associated with these patterns of consumption, which then can lead to increased attempts to negotiate these tensions through acts of self-harm that can all too often be lethal. I am arguing here that, unlike the Samoan case, the Micronesian suicide epidemic is a genuine reflection of increased distress among youths and their families, particularly older boys and young men over the competing demands these new, and at times divergent, identity projects have created (Lowe 2003).

## Conclusion

In an earlier paper, Tom Weisner and I (Weisner and Lowe 2005) wrote that anthropological studies of childhood and adolescence seek to document “the marvelous variety of childhoods and adolescences found around the world ... [and ask] how children and adolescents around the world acquire, transform, share, integrate, and transmit cultural knowledge. This scientific project is central to the study of globalization and its impacts on children, adolescents, and youth” (Weisner and Lowe 2005, p. 315). This sentiment reflects a broader move within anthropology in the past few decades away from the universalizing accounts that often explain variability in human social and cultural phenomena according to a binary that contrasts the primordialism of “primitive society” with the chaotic dynamism of “modern society” (Appadurai 1996). This contemporary anthropological move suggests that the risks and protective factors that shape the mental health of young people in various communities around the world are not likely to be adequately explained in terms of a society’s progress in making a successful transition from the primitive to the modern condition. Rather, a host of factors can come into play depending on how young people and the adults in their communities acquire, transform, share, integrate, and transmit the cultural flows of ideas, materials, social relations, financial products, and the political, educational, economic, and religious institutions on local, regional, and global scales.

This paper shows that much of the scholarship associated with suicidality in Oceania and elsewhere deploys the long standing scholarly narrative of the universal consequences of a general transition from tradition to modernity. The contemporary literature follows the model developed by 19<sup>th</sup> century theorists of modernity quite closely, reproducing models of social disequilibrium or social disintegration to explain the apparent decrease in the mental health of



youths in this region, as indicated by suicide rates in particular. But, a review of the evidence available for suicide in the region shows that rates are highly variable even though social changes associated with increasing incorporation into the globalizing capitalism political-economic system have been ongoing across the region for more than a century, with particularly intensive attempts to “modernize” national economies across Oceania from the 1960s until the 1980s.

So, while policies of modernization may have been rather widespread during this period, risks to the mental health of youths were highly variable. This suggests that rather than a universal model of modernization stress, it would be more useful to examine how specific factors associated with the selective appropriation of elements among the flows of ideas, materials, social relations, financial products, and the political, educational, economic, and religious institutions and the integration of these into local routines and repertoires can worsen or improve the mental health vulnerabilities of young people in particular communities and contexts.

For example, the brief but intense suicide epidemic among youths in Samoa during the 1970s and 1980s might be usefully traced by examining how a globalizing industrial commodity, the herbicide Paraquat, is appropriated and incorporated into meaningful local social-relations in Samoa, particularly as it came to be used by youths as a means of protest suicidality, where there is a long history of intoxicant and toxin use as a means of engaging in a form of costly signaling to help redress acute relational slights and grievances in the family. This would resonate with other anthropological studies of the dynamic transformations of substances between global commodification and local forms of meaningful use in social relations (e.g., Geissler and Prince 2009). The sudden appropriation of an unfamiliar and highly toxic global commodity can contribute sharply to an increase in suicide rates and give the appearance that there is a sudden

increase in relational distress and worsened mental health among youths in a community associated with other social changes that correlate with the sudden increase of a particular global commodity. But a focus on the “social change” narrative, while easily recognizable by scholars raised on a steady diet of social change narratives through formal training in mid-20<sup>th</sup> century sociology and anthropology, would direct attention away from potentially useful social policy recommendations like more careful monitoring and control of lethal industrial toxins and toward conservative ideological positions that emphasize either greater efforts toward “modernization” or a rediscovery and institutionalization of a society’s presumed “primitive” traditions (e.g., Kuper 2003; Hau’Ofa 1994). Indeed, Bowles (1995) describes a suicide prevention strategy in Samoa that made great efforts toward translating and explaining suicide locally in terms of the “sociological model” of social disequilibrium in Samoa during the 1980s. But, Bowles (1995) credits the reduction in the availability as a result of the government’s inability to subsidize the importation and use of Paraquat with the actual reduction in suicide rates during this period.

On the other hand, the sudden increased risk and sustained high levels of youth suicide across the Micronesian region appears to be directly associated with the levels of development assistance from the United States from the late 1970s on. What is conspicuous about this period is how a sudden increase in the availability of US dollars in the local economies of the region fueled the competitive incorporation of global consumer commodities, particularly imported foods and drinks, clothing, building materials, media devices and fiberglass motorboats, into new global-local hybrid lifestyles, particularly in the urbanizing port towns and nearby peri-urban regions, though not exclusively so (e.g., Marshall 2004). One promising avenue of research into the Micronesian context would be to examine how finance flows that are the direct consequence of a peculiar approach to modernization undertaken by the United States that emphasizes

commodity consumption over productive capital investment led to a sort of inflation in the costs associated with social status competitions among families, kin-groups, and political elites in the region. At the same time, the increase in cash meant that youths were able to explore new lifestyles associated with commodity consumption, most problematically the abuse of alcohol tobacco, and betel nut among young men (Marshall 1979). I have argued elsewhere (Lowe 2003) that these conflicting lifestyle pursuits and the sometimes divergent identity projects often motivated the interpersonal crises that could precede protest suicidality that were all too often lethal, given the nearly universal method of attempting suicide by hanging across Micronesian contexts (Rubinstein 1983, 1995). The Micronesian case points to a very different policy focus in terms of addressing the suicide problem from the Samoan case. It points to the infusion of cash into the local economies fueled both a form of status inflation, lifestyle change, and increased intergenerational conflicts and suggests that economic policies directed toward the local development of productive capital might be preferable to the creation of a consumer driven welfare society.

The preceding suggests important avenues that anthropologists could take in order to make important contributions to comparative studies of mental health risks for adolescents and youths who are increasingly enmeshed in global flows and their local articulation. An important component would be to caution against the rehearsal of the perpetual lament that modern progress inevitably comes at the cost of the loss of all that was once good in some hazy primordial past as a lens for seeing the risks and vulnerabilities of youths and their communities in the present. In its stead, anthropologists can leverage the ethnographic and comparative sensibilities that methodologically anchor the discipline to show how the local articulation of ideas, materials, finances, and media – often powerfully directed by both nation state power and

corporate capital – within meaningful social relations powerfully shape both the risks and resiliencies of young people and their consociates in particular social and historical contexts. If we are successful, ours will be a powerful voice in the ongoing study of and productive intervention into globalizing social change and its consequences for the mental health and broader well-being of youths around the world.

## References Cited

- Appadurai, Arjun. 1996. *Modernity at Large: Cultural Dimensions of Globalization*. Minneapolis: University of Minnesota Press.
- Arnett, Jeffrey J. 2002. The Psychology of Globalization. *American Psychologist*, 57 (10): 774-783.
- Arrizabalaga, Gema; Lamarka, John and Moral, Beatriz. 1994. *A Confusing Paradise*. Italy: Sincro Film.
- Becker, Anne. E. 1995. *Body, self, and society: The view from Fiji*. University of Pennsylvania Press.
- Besnier, Nico. 2011. *On the edge of the global: modern anxieties in a Pacific Island nation*. Stanford University Press.
- Booth, Heather. 1999a. Pacific Island suicide in comparative perspective. *Journal of Biosocial Science* 31 (4): 433-448.
- Booth, Heather. 1999b. Gender, Power and Social Change: Youth Suicide among Fiji Indians and Western Samoans. *The Journal of the Polynesian Society* 108, no. 1 (1999): 39-68.
- Borofsky, Robert. 2004. Need the Pacific Always Be So Pacific?. In *Globalization and Culture Change in the Pacific Islands*. Victoria Lockwood, ed. Pp. 40-58. Upper Saddle Rive, NJ: Pearson.
- Bourke, Terry. 2001. Suicide in Samoa. *Pacific Health Dialog* 8(1)213-219.
- Bowles, John. R. 1985. Suicide and Attempted Suicide in Contemporary Western Samoa. In *Culture, Youth and Suicide in the Pacific: Papers from an East-West Center Conference* Center for Pacific Islands Studies. Francis X. Hezel, Donald H. Rubinstein, and Geoffrey M. White, eds. Pp. 15-35. Occasional Paper Series. Vol. 25,.Honolulu, Hawaii: Pacific

- Islands Studies Program, Center for Asian and Pacific Studies, University of Hawaii at Manoa in collaboration with the Institute of Culture and Communication, East-West Center, 1985.
1995. Suicide in Western Samoa -- an example of a suicide prevention programme in a developing country. In *Preventative Strategies on Suicide*. Rene F. W. Diekstra, Walter Gulbinat, Ineke Kienhorst, and Diego de Leo, eds. Pp.173-206. Leiden, Netherlands: Brill Academic Publishers.
- Burton, Michael. L., Nero, Karen. L., & Egan, James. A. 2001. The Circulation of Children through Households in Yap and Kosrae. *Ethos*, 29(3), 329-356.
- Carucci, Laurence M. 1997 *Nuclear Nativity: Rituals of Renewal and Empowerment in the Marshall Islands*. DeKalb, Illinois: Northern Illinois University Press..
- Comaroff, John L. and Comaroff, Jean. 1997. *Modernity and its Malcontents*. Chicago, Ill.: Chicago University Press.
- Counts, Dorothy. 1984. Revenge suicide by Lusi women: An expression of power. In *Rethinking Women's Roles: Perspectives from the Pacific*. D. O'Brien and S. W. Tiffany, eds. Pp. 71-93. Berkely: University of California Press.
- Durkeim, Emile. 1951. *Suicide: A Study in Sociology*. Translated by John A.; Simpson Spaulding, George. Edited by George Simpson. New York: Free Press.
- Forster, Peter M., Selina C. Kuruleca, and C. R. Auxier. 2007. A note on recent trends in suicide in Fiji. *Journal of Pacific Rim Psychology* 1(1): 1-4.
- FSM Division of Statistics. 2002. *Federated States of Micronesia: 2000 Population and Housing Census Report*. Palikir, Pohnpei: Department of Economic Affairs, FSM National Government, Federated States of Micronesia.

2012. Summary Analysis of Key Indicators from the FSM 2010 Census of Population and Housing. Palikir, Pohnpei: Department of Economic Affairs, FSM National Government, Federated States of Micronesia.
- Gegeo, David; Watson-Gegeo, Karen Ann. 1985. Patterns of Suicide in West Kwara' Ae, Malaita, Solomon Islands. In *Culture, Youth and Suicide in the Pacific: Papers from an East-West Center Conference*, edited by Francis X.; Rubinstein Hezel, Donald H.; White, Geoffrey M., 182-97. Honolulu, Hawaii: Pacific Islands Studies Program, Center for Asian and Pacific Studies, University of Hawaii at Manoa.
- Geissler, Wenzel and Ruth Prince. 2009. Active Compounds and Atoms of Society: Plants, Bodies, Minds and Cultures in the Work of Kenyan Ethnobotanical Knowledge. *Social Studies of Science* 39 (4): 599-634.
- Giddens, Anthony J. 1965. The Suicide Problem in French Sociology. *The British Journal of Sociology*, 16(1): 3-18.
- Gladwin, Thomas, and Seymour B. Sarason. 1953. Truk: Man in Paradise. No. CIMA 32. National Academy of Sciences-National Research Council. Washington DC: Pacific Science Board.
- Greenfield, Patricia M. 2009. Linking Social Change and Developmental Change: Shifting pathways of Human Development. *Developmental Psychology* 45(2):401-418.
- Hau'ofa, Epli. 1994. Our Sea of Islands. *The Contemporary Pacific*, 6(1):148-161.
- Hagen. Edward H., Paul J. Watson, and Peter Hammerstein. 2008. Gestures of Despair and Hope: A View on Deliberate Self-harm From Economics and Evolutionary Biology. *Biological Theory* 3(2): 123-138.

- Haynes, R. H. 1984. Suicide in Fiji: A Preliminary Study. *British Journal of Psychiatry* 145: 433-438.
- Hezel, Francis X. 1976. Micronesia's Hanging Spree. *Micronesian Independent*, 31 December 1976.
1977. Suicide Epidemic among Micronesian Youth. *South Pacific Bulletin* 27(2): 5-10.
1987. Truk Suicide Epidemic and Social Change. *Human Organization*, 46(4): 283-91.
1989. Suicide and the Micronesian Family. *The Contemporary Pacific*, 1: 43-74.
1995. *Strangers in Their Own Land : A Century of Colonial Rule in the Caroline and Marshall Islands*. Honolulu, HI: University of Hawai'i Press.
- Hezel, Francis X.; Rubinstein, Donald H.; White, Geoffrey M. 1985. *Culture, Youth and Suicide in the Pacific: Papers from an East-West Center Conference*. Center for Pacific Islands Studies: Occasional Paper Series. Vol. 25, East-West Center. Honolulu, HI.
- Hollan, Douglas. 1990. Indignant Suicide in the Pacific: an example from the Toraja Highlands of Indonesia. *Culture, Medicine and Psychiatry*, 14(3): 365-379.
- Kuper, Adam. 1999. *Culture: The Anthropologists Account*. Cambridge, MA: Harvard University Press.
2005. *The Reinvention of Primitive Society: Transformation of a Myth*. London: Routledge Press.
- Lowe, Edward David. 2002. A widow, a child, and two lineages: Exploring kinship and attachment in Chuuk. *American Anthropologist*, 104(1), 123-137.
2003. Identity, Activity, and the Well-Being of Adolescents and Youths: Lessons from Young People in a Micronesian Society. *Culture, Medicine, and Psychiatry* 27(2): 187-219.



- MacPherson, Cluny. 1999. Changing Contours of Kinship: The Impacts of Social and Economic Development on Kinship Organization in The South Pacific. *Pacific Studies*, 22(2): 71-95.
- MacPherson, Cluny, Bedford, Richard, and Spoonley, Paul. 2000. Fact or Fable? The Consequences of Migration for Educational Achievement and Labor Market Participation. *The Contemporary Pacific*, 12(1):57-82.
- Macpherson, Cluny and Macpherson, La'avase. 1987. "Towards and Explanation of Recent Trends in Suicide in Western Samoa.". *Man* 22 (1987): 305-30.
- Marsella, Anthony J.; Austin, Ayda A.; Grant, Bruce. 2005. Some Closing Comments. In *Social Change and Psychosocial Adaptation in the Pacific Islands*, edited by Anthony J.; Austin Marsella, Ayda A.; Grant, Bruce. Pp. 273-300. New York, NY: Springer, Inc..
- Marshall, Mac. 1979. *Weekend Warriors : Alcohol in a Micronesian Culture*. Explorations in World Ethnology. 1st ed. Palo Alto, Calif.: Mayfield Pub. Co..
1999. Partial connections: Kinship and social organization in Micronesia. In Kiste, Robert C., and Mac Marshall, eds. *American anthropology in Micronesia: An assessment*. Pp. 107-143. Honolulu, HI: University of Hawaii Press.
2004. *Namoluk Beyond The Reef: The Transformation Of A Micronesian Community*. Westview Case Studies in Anthropology. Boulder, CO: Westview Press.
- McDade, Thomas W.; Worthman, Carol M. 2004. Socialization Ambiguity in Samoan Adolescents: A Model for Human Development and Stress in the Context of Culture Change. *Journal of Research on Adolescence* 14(1): 49-72.
- O'Meara, Timothy. 1990. *Samoan planters: Tradition and economic development in Polynesia*. Fort Worth, TX: Holt, Rinehart and Winston.

- Office for Micronesian Status Negotiations. 1984. Draft Environmental Impact Statement for the Compact of Free Association. Washington D.C.: U.S. Department of State.
- Palau Office of Planning and Statistics. 2005. 2005 Census of Population and Housing. Republic of Palau. Koror, Palau.
- Petersen, Glenn. 2009. Traditional Micronesian Societies: Adaptation, Integration, and Political Organization. Honolulu: University of Hawaii Press.
- Poole, Fitz John Porter. 1985. Among the Boughs of the Hanging Tree: Male Suicide among the Bimin-Kuskusmin of Papua New Guinea . In *Culture, Youth and Suicide in the Pacific: Papers from an East-West Center Conference*, edited by Francis X.; Rubinstein Hezel, Donald H.; White, Geoffrey M. Honolulu: Pp. Chap. 152-181. Pacific Islands Studies Program, Center for Asian and Pacific Studies, University of Hawaii at Manoa.
- Republic of the Marshall Islands. 2011. The RMI 2011 Census of Population and Housing: Summary and Highlights Only. Office of Economic Policy, Planning, and Statistics. Majuro, RMI.
- Roberts, Graham. 2007. Masculinity, Mental Health and Violence in Papua New Guinea, Vanuatu, Fiji and Kiribati. *Health Promotion in the Pacific* 14(2):35-41.
- Rubinstein, Donald H. 1983. Epidemic Suicide among Micronesian Adolescents. *Social Science and Medicine* 17(10): 657-665.
1992. Suicide in Micronesia and Samoa: A Critique of Explanations. *Pacific Studies* 15(1): 51-75.
1995. Love and suffering: Adolescent socialization and suicide in Micronesia. *The Contemporary Pacific*, 7(1): 21-53.

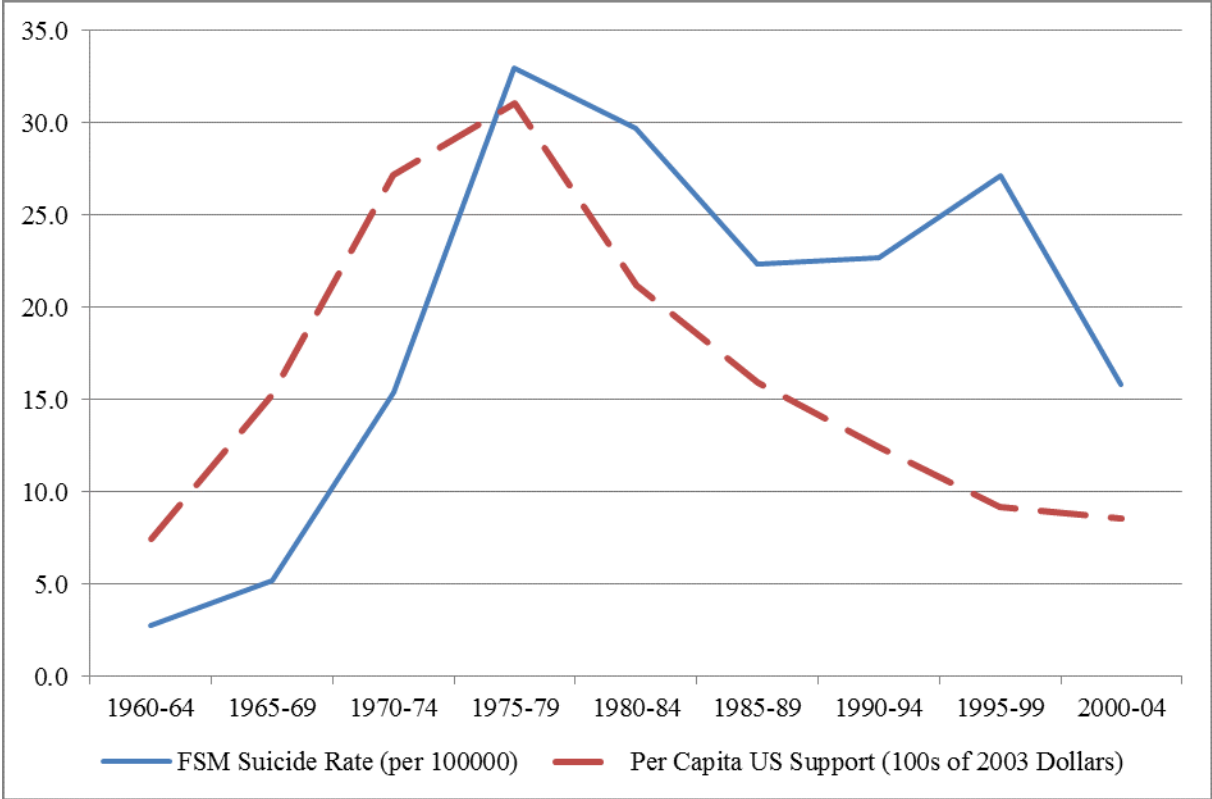
2002. Youth Suicide and Social Change in Micronesia. Occasional Papers, No. 36.  
Kagoshima University Research Center for the Pacific Islands.
- Salzman, Michael. 2005. The Dynamics of Cultural Trauma: Implications for the Pacific Nations. In *Social Change and Psychosocial Adaptation in the Pacific Islands*, edited by Anthony J.; Austin Marsella, Ayda A.; Grant, Bruce. Pp. 29-51. New York, NY: Springer, Inc.
- Samoa Bureau of Statistics. 2011. Population and Housing Census 2011, Analytical Report. Apia. Samoa.
- Samoa Ministry of Health. 2005. Annual Report 2004-2005. Government of Samoa. Apia, Samoa.
- Schlegel, Alice. 1995. A Cross-Cultural Approach to Adolescence. *Ethos*, 23(1), 15-32.
- The New York Times. "Enthusiastic Trustee: Jose Benito Alvarez." *The New York Times*, February 12, 1962.
- Tomlinson, Matthew. 2004. Perpetual Lament: Kava-Drinking, Christianity and Sensations of Historical Decline in Fiji. *Journal of the Royal Anthropological Institute*, 10(3), 653-673.
- Tousignant, Michel. 1998. Suicide in Small Scale Societies. *Transcultural Psychiatry* 35 (2): 291-306.
- Trust Territory of the Pacific Islands. (USTTPI). 1958. Census of the Trust Territory of the Pacific Islands. Office of the High Commissioner.
- United States Bureau of the Census. 1980. Detailed Social and Economic Characteristics. The Trust Territory of the Pacific Islands. Part 57 B. Washington D.C. Commerce Department.

- Vivili, P. S., Finau, S. A., & Finau, E. 1999. Suicide in Tonga, 1982-1997. *Pacific Health Dialog*, 6(2), 211-212.
- Ward, Martha. 2004. *Nest in the Wind: Adventures in Anthropology on a Tropical Island*, Second Edition. Longrove, IL: Waveland Press.
- Weisner, Thomas S.; Lowe, Edward D. 2004. Globalization, Childhood, and Psychological Anthropology. In *A Companion to Psychological Anthropology*. Edited by Conerly Casey and Robert B. Edgerton. Pp. 315-336. Malden, MA: Blackwell Publishing Ltd..
- Wolf, Eric. 1982. *Europe and the People without History*. Berkeley: University of California Press.
- World Health Organization. 1999. *Figures and facts about suicide*. Geneva: World Health Organization.

Table 1. A Comparison of Average Multi-Year Suicide Rates for Micronesian Island Groups and Samoa 1960-2005.

	Palau	Yap	Chuuk	Pohnpei	Kosrae	Marshalls	Samoa
1960-63	23	7	2	0	0	0	na
1964-67	9	0	6	2	0	6	na
1968-71	21	19	10	3	7	12	5
1972-75	18	43	26	18	0	20	7
1976-79	25	41	31	22	17	20	20
1980-83	30	60	39	11	19	23	24
1984-87	29	20	28	17	26	27	13
1988-92	29	48	35	20	28	26	12
1993-96	21	41	28	24	3	26	13
1997-00	30	27	21	21	16	27	10
2001-05	24	31	9	14	33	23	8

Figure 1. The historical suicide rate and the annual \$ amount of U.S. direct aid per capita to the Federated States of Micronesia (1960-2003).



## ENDNOTES

---

<sup>1</sup> These include The Republic of Palau, The Federated States of Micronesia, and The Republic of the Marshall Islands and the U.S. Commonwealth of the Northern Marianas Islands.

<sup>2</sup> Comparing these rates should be done with some caution as their sources are of varying reliability and in some cases certainly reflect an undercount of actual suicide (Booth 1999).

<sup>3</sup> Micronesian rates from 1960 to 1987 are taken from Hezel (1989), from 1988-1992 from Booth (1999), and the rates from 1992-2005 are crude estimates based on case data made available from the Micronesian Seminar, a Jesuit-run social welfare organization that has been collecting community level suicide case data since the 1970s, with the most recent data collection effort in 2007 (Francis C. Hezel, personal communication 2008). The unstandardized suicide rates for Samoa based on data available in MacPherson and MacPherson (1987) for the period from 1970 to 1982, Bourke (2001) for the period from 1983 to 2000, and the Samoan Ministry of Health (2005) for the period from 2001-2005.

<sup>4</sup> Although they should be read with some caution because of less than perfect overlap in measures across the different points in time, the patterns just reviewed show that while educational attainment had been increasing across Micronesia from the start of major United States development programs in the 1960s to at least the end of the millennium (FSM Division of Statistics 2012), the mix of wage/salary and subsistence and local agricultural employment has stayed at near the same levels when adjusted for population growth for decades. One could even argue that subsistence as opposed to market agriculture and fishing has increased somewhat in the past 60 years since the collapse of the copra market in the early 1960s (Hezel 1995). It should not be surprising then that

---

rates of outmigration from the former USTTPI polities have been increasing since gaining some degree of national autonomy from the United States in the late 1980s and early 1990s (FSM Division of Statistics 2012). Based on population change patterns reported in the 2010 FSM census, Outmigration has been particularly heavy in Chuuk State since the mid-1990s where rates of wage/salary employment are the lowest in the region.