Tales of Decline: Reading Social Pathology into Individual Suicide in South India

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Abstract

In the south Indian state of Kerala, the nation's so-called suicide capital, suicide can often appear self-evident in meaning and motivation to casual onlookers and experts alike. Drawing on explanatory accounts, rumors, and speculative tales of suicide collected between 2004 and 2007, this article explores the ontological power of certain deaths to assert themselves as always-already known on the basis of perceived and reported demographic patterns of suicide. I demonstrate the ways suicides are commonly read, less through the distinct details of their individual case presentations than “up” to broader scales of social pathology. Shaped by the intertwined histories of public health intervention and state taxonomic knowledge in India, these “epidemic readings” of suicide enact a metonymy between individual suffering and ideas of collective decline that pushes the suicide case to fit—and thus to stand for—aggregate trends at the level of populations. Focusing on how family navigated the generic meanings and motivations ascribed to the deaths of their loved ones, I argue that the ability of kin to resist, collude with, or strategically deploy epidemic readings in their search for truth and closure hinged significantly on their classed fluency in the social, legal, and bureaucratic discourses of suicide.

Keywords: Suicide, Social pathology, Social suffering, Public health discourse

A chime interrupted my sweep of the online news. It was a chat message received in real time on my laptop in California from a friend just outside of Thiruvananthapuram, the capital of the south Indian state of Kerala. From the internet café where he would while away the evening hours after his shifts at a local bookstore, Fayaz¹ passed along casual updates about mutual friends: the upcoming marriage of one, the bid for a job in Abu Dhabi by another, and the recent birth of a healthy baby girl to a third. We were exchanging goodbyes when he remembered why he'd contacted me that evening. As part of his volunteered effort to forward news he felt relevant to my research on Kerala's high rates of suicide, Fayaz shared this account with me:

Fayaz: I just heard that a young man killed himself. His mother refused to buy him a [motor]bike so he hung himself.

JC: How do you know this?

Fayaz: It only happened a few hours ago. The police have just now gone to investigate. Many people have been talking about it.

It was an uncanny moment of *déjà vu*. The story sounded so immanently familiar that for a passing moment I thought I had already heard it from someone else. In fact, it was only that this account—that of an adolescent driven to death by unsated consumer demands—reiterated a generic script of suicide with which I was already well acquainted. Fayaz's story might have been interchangeable with any number of identical stories I'd heard recounted in Thiruvananthapuram in everyday conversation and read in the papers, the only variant that the noun “motorbike” might have been substituted with “sneakers” or “mobile phone.”² When I pressed him once more to explain how he knew the reason for the suicide, Fayaz reiterated with a hint of impatience that “everyone has been talking about it.” Had he known the boy? I asked. No, he told me. His news delivered, my friend signed off.

The exchange troubled me. While Fayaz's support of my research was appreciated, I was disquieted by the way news of death had been sent through the ether as “yet another” datum point for the anthropologist. I wondered how violence and suffering had been distilled down to such a neat equation between discrete motivation and death (“his mother refused to buy him a bike so he hung himself”), as if this one sentence contained all there was to know about how and why this suicide occurred. Fayaz himself seemed to maintain effortless conviction in this generic script of suicide, even before investigations into the death had begun. I thought of those close to the deceased. What would such rumors mean to family and loved ones absent from this account but for an act of refusal? How were intimacies, care, and love between kin re-scripted in the circulation of these public tales?

Since the nineties, Kerala's suicide rates have ranked among the highest of all Indian states, hovering at triple the national average.³ Family-murder suicide has also been on the rise.⁴ As fears of an epidemic fuel the dystopia that has characterized public discourse in the state since the nineties (see Sreekumar 2009), cases of suicide recounted daily in the media and in circulating rumors echo for many the same familiar refrains of collective decline. The suicide problem registers shared anxieties along intersecting scales of meaning and identity. To some, it represents the preeminent symptom of the corruption and loss of “traditional” values; to others, the suicide problem signals Kerala's fall from its international status as India's celebrated “Model of Development.”⁵ As Kerala's ties to the global economy expand with national economic shifts and the transnational circulation of goods, money, and laborers between the state

and the Persian Gulf region, others recount stories of suicide as cautionary tales about imprudent wagers in new landscapes of risk.⁶

Links between high rates of suicide and ideas of moral decline also prevail in the media, where a number of highly visible suicide archetypes have become metonymic of reported and perceived trends of social pathology. The spoiled, emotionally fragile, and impulsive child recounted by Fayaz, the male breadwinner strapped with insurmountable debt, the lonely housewife, and the student under extraordinary pressure from parents to excel are examples of archetypes reified in the titles and descriptions of news accounts, as much as in everyday conversation. A sampling of headlines from mainstream Malayalam newspapers reveals both the visibility of suicide archetypes, and how each is constitutively twinned to discrete intent: “Boy scolded by father hangs himself”; “Man driven to debt kills himself and family”; “Medical student commits suicide from *stress*.” Suicide archetypes have come to serve as cultural shorthand for broader patterns of social dissolution. They also directly inform the ways death events like the one recounted by Fayaz can appear self-evident in meaning and motivation to many casual onlookers and experts alike.

This article explores the ways the dead are made to speak in Thiruvananthapuram city. Suicide archetypes—or more specifically, the metonymy between collective decline and individual suffering that they enact—shape the ways the living ascribe motivation and meaning to certain kinds of death. Drawing on explanatory accounts, rumors, and speculative tales collected during fieldwork conducted over 25 months between 2004 and 2007 in Thiruvananthapuram,⁷ I track how the object of “suicide” comes into being as a legal, medical, and social fact in part through what I refer to as *epidemic readings* of the death event. These are readings based less on the distinct details of case presentation than on the found body’s fit with demographic patterns of suicide, such as age group, gender, method, and site. Reading the individual death event “up” to broader scales of social pathology in this way pushes and molds the case to fit—and thus to stand for—aggregate trends at the level of populations. It thus becomes metonymic of ideas of social decline, producing circularity between different scalar phenomena: population trends inform the ways a suicide is read, and that case in turn serves to further evidence the patterns for which it is taken to stand. This is a circularity that Annemarie Mol has identified as a kind of “mutual inclusion,” where “the elements create the aggregate and the aggregate informs the elements” (Mol 2002, p. 132). Individuals and population, notes Mol, “may get trapped in a circularity. They may loop. And spiral” (ibid, p. 133). Drawing on Michael Nunley’s (1996) insights on the development of psychiatric care in India, I argue that this circularity is a discursive effect of the privileging of an “epidemic view” of mental health in Kerala that is shaped by the intertwined histories of public health intervention and state taxonomic knowledge in India.

In what follows, I trace the ontological power of certain deaths to assert themselves as always-already known on the basis of perceived and reported demographic patterns of suicide. This power is in some ways akin to what Charles Briggs has called the “agency of dead bodies to ‘speak’” to discrete acts of violence and their motivations (Briggs 2007, p. 326). While prisoners’ bodies can act as political agents in Allen Feldman’s (1991) ethnography of state violence, Briggs suggests that corpses too can be their own discursive agents: “their tales,” he writes, “seem to unfold automatically once the proper human interlocutor is listening” (Briggs 2007, p. 326). But while Briggs locates this agency in the links of confirmation between and

among forms of authoritative knowledge, the accounts that follow emphasize the agency of the found body to speak directly to the general public through the aggregate suicide trends to which the body is taken to belong. On the basis of reported age group and gender alone, for example, in Thiruvananthapuram the found body may often appear to testify to its own condition and reason for being to a casual onlooker, sometimes in ways that may contradict or claim to bypass altogether expert knowledge production. But there is a form of mystification at work here that obscures the social processes and ontological commitments that enable the found body to speak. Although this voice appears to originate in and follow from an irreducible materiality of violence and of the body itself, the “facts” the found body purports to tell uncomplicatedly—gender, sexuality, age group, method, sometimes even class and ethnicity—are themselves signs of essentialized difference, linked in cascading chains of signification that move seamlessly from body to intent to behavior to event (Butler 1999). In the way that the found female body may be multiply interpellated as heterosexual, unmarried, and the subject of illicit passion (see Spivak 1988), these signs cohere as archetypes conceived in the very act of suicide.⁸ These archetypes reflect a communicability that Briggs elsewhere describes as “the ability of messages and the ideologies in which they are embedded to find audiences and locate them socially and politically” (Briggs 2005, p. 274). Suicide archetypes are compelling not simply for the internal inertia of their signs; because they are metonymic of broader trends of feared moral decay, they also cohere as manifestations of the powerful interests invested in them as cautionary tales about life poorly lived in Kerala’s contemporary moment.

The ethnographic accounts presented here explore the social, bureaucratic, legal, and moral life of suicide archetypes from the perspective of the family of the deceased. They give particular attention to how kin resisted, questioned, engaged, and at times strategically deployed epidemic readings of suicide as they labored to make death interpretable and to forward their own narratives about loss, suffering, care, and love. In light of the self-evidence and transparency with which some found bodies appear to testify to casual onlookers, I leave open the possibility that not all of the deaths recounted here were, in fact, suicides. My interest is in how they nonetheless were read as such for the ways they seemed to (and were made to) fit with reported and perceived trends in social pathology. How do families navigate the various ontological investments that push and mold the death of their loved ones into meaningful bureaucratic and legal categories of suicide? What might this reveal of power relations in the making of truth around suicide, particularly if families have a different story to tell? How are intimacies between kin re-scripted and enacted in the overlapping spaces of rumor, secrecy, and mourning?

Epidemic Readings of Suicide

Epidemic readings of the suicide event in Kerala are shaped by the intertwined histories of public health intervention and state taxonomic knowledge in India. The representation and management of suicide as a public health concern, for example, emerge at the intersection of postcolonial regimes of state knowledge production and the historical development of psychiatry and allopathic medicine. Michael Nunley has pointed out the tendency within Indian psychiatry toward an “epidemic view” of psychiatric pathology that accords, he argues, with the history of allopathic medicine in India, “for it is in mass campaigns against infectious epidemic diseases, not in heroic surgical interventions, that allopathic medicine has had its most visible successes” (Nunley 1996, p. 174). The exceptional success of mass health campaigns in Kerala and the

significance of population indices to the state's international status as India's "Model of Development," provide further context to explain why suicide rates have similarly been cast in public health terms.⁹ The comments made by a senior psychiatrist at a state-sponsored suicide prevention workshop are illustrative in this regard. During the inauguration of the day's event, this psychiatrist called for the state government to address suicide as Kerala's most pressing public health concern of the moment, as an epidemic that had now come to replace "earlier epidemics of water-borne diseases like cholera." Yet, epidemic notions of suicide are hardly the exclusive domain of health officials or state policy makers. They are evident across regimes of discourse—in the language of state officials and in the clinic, as much as in popular media representations of suicide and in everyday conversation.

This epidemic view of suicide is thus built upon the public health model that has characterized allopathic medicine and psychiatry in India. It is also informed by the histories and technologies of taxonomic knowledge and record keeping initiated under the British colonial state. The quest for the predictable causes of suicide has its roots in what Ian Hacking (1990) has called the "avalanche of printed numbers" through which sovereign rule, once conceptualized around the maintenance of physical boundaries and territory, was transformed through enumerative technologies that enabled the control and management of subject populations and their behaviors. The collection of numerical information served as the raw material for the emergence of statistical laws of probability taken to govern societies in a manner analogous to the laws of nature (Staples 2012a). The enumeration and classifiability of suicide by proximate cause and other demographic markers were crucial to the ontological sleight of hand that helped to transform suicide from social abstraction to controllable behavioral reality.

Colonial statistics, produced in complex negotiation with native elite concerns, were central to the making of seemingly calculable and thus reformable indigenous realities in British India (Appadurai 1993; Cohn 1996; Pandey 1990). Technologies of knowledge production continue to inform the ways crime statistics remain crucial to the legal, medical, and social construction of suicide and its motivations in the postcolonial context. The channel through which suicide statistics are produced in India is through the collection of the First Information Report (FIR), which summarizes police and autopsy findings. Every reported suicide in Kerala, as elsewhere in India, is assigned to one of several mutually exclusive categories of "suicide causes." Reported causes of suicide in Kerala state statistics are covered by 26 categories ranging from "barrenness or impotence," "death of a dear person," to "drug abuse/addiction" and "family problems," with two categories reserved for suicides precipitated by "causes not known" and "other causes." There is minimal variation in these categories across Indian states today, though some have been "updated" in an attempt to reflect shifting patterns of suicidal motivation.¹⁰ Suicide statistics are also reported at the state-level according to other parameters including gender, age, and district divisions.

With their overlapping histories, taxonomic knowledge production and public health approaches are at the heart of the ontological commitments to rationalize and reform the problem of suicide in Kerala. But as the following accounts will illustrate, it is not that suicide archetypes automatically unfold from state or epidemiological categories. The archetypes that capture the moral imagination of the public at distinct historical moments may not align neatly, if at all, with reported demographic trends.¹¹ Rather, what is at stake are the ways the coupling of technologies

of taxonomic knowledge and public health epidemiology give rise to the easy metonymy between the individual and the social. To unpack some of the material implications of this metonymy, I turn to Ajith's story.

Ajith's Memo

When we were first introduced, Ajith had recently returned to Kerala from New Delhi to facilitate ongoing investigations into his nephew's death. He was put in contact with me through a mutual colleague—a priest I had come to know through his work as a family counselor—who had assured Ajith that the “foreign researcher studying suicide” would be able to decipher if the circumstances surrounding his nephew's mysterious death pointed to suicide, murder, or accidental death. That Sunday morning I met Ajith in the entrance hallway of Father Mathew's church. It was only then that I learned of the mislaid hope motivating our introduction, and took up the unhappy job of explaining to Ajith that this was something I was neither trained nor able to do. Yet even after explaining to him the modest objectives of my project, he entrusted me still with an account of his nephew's death, in part, he said, to further my research and so that I might relay the facts to any experts willing to help the family. As we pulled two plastic chairs off into a far corner of the hallway to sit more comfortably, the wooden doors to the chapel shut with a sonorous thud behind the last of the morning mass stragglers. Ajith took this as his cue that we were alone to speak in privacy.

Ajith explained that a few weeks earlier, just before college graduation, his 21-year-old nephew Biju was found dead in his rented apartment. Based on the police and postmortem reports, it appeared that Biju had slashed his arms and wrists at multiple locations, after which he had attempted to electrocute himself at the sink in the corner of the room. At 12.30 PM, two hours after Biju had completed an exam, friends broke down the door to his apartment. He was found hanging from the ceiling fan.

Ajith initially referred to his nephew's death as a suicide. As he proceeded further into a tangled web of troubling and puzzling details, he tacked seamlessly back and forth between referring to the death as a “suicide,” “murder,” and “suicide–murder.” He spoke with staid composure, picking out a careful but tentative path through the confusing bramble of clues and leads. Culling out some details, cautiously bracketing others, and affirming those he knew to be simple fact, Ajith drew on various kinds of evidence and forms of knowledge, moving between intimate reflections about the nephew he knew and deeply loved, and the language of experts. He used in English the technical grammar of “material evidence” and “traces” when he mentioned the postmortem and police reports' conclusion that Biju had made all three “attempts” within the span of less than an hour. The unspoken weight of this thought silenced us both. From upstairs, Father Mathew's sober refrains reverberated down into the empty hallway where we sat. After a few moments, Ajith spoke again. Breaking from the earlier script of technical minutiae, Ajith admitted that the evidence put forth by the police investigation and postmortem were simply incomprehensible in light of the nephew he knew—happy, good-looking, with a supportive and loving family, and a bright future that included employment after graduation. How could Biju have ever done this to himself? Ajith asked searchingly.

Exhaustion laced Ajith's face. More than two weeks after Biju's death, the police and medical investigations had not arrived at any conclusive determination as to whether the death had been a sincere suicide or a homicide framed as an apparent suicide—only that the proximate cause had been “death by hanging.” Ajith conjectured that the ruling political party might have pressured investigating police officers to manipulate or silence findings. With assembly elections around the corner, news of a student death might be used for political leverage by the opposition party, a concern stoked by the highly politicized suicide of university student Rajani Anand. In 2004, Anand's suicide sparked days-long protests that brought cities around the state to a standstill.¹² The lack of closure around Biju's death had led family members to send Ajith to Thiruvananthapuram to collect more information from friends, acquaintances, and mental health experts willing to help. To facilitate the effort, Ajith had collaborated with two other relatives to produce a carefully crafted memo that presented known evidence in succinct, bulleted points, a copy of which he produced from his back pocket that morning for us to look over. Although Ajith sought new leads not yet pursued, the memo remained faithful to the police and medical reports, replicating their categories and interpretive frameworks.

Written in Malayalam but peppered throughout with English terms, the memo was organized into three sections: “Academic,” “Financial,” and “Physical.” The first section stipulated in detail Biju's exemplary academic record and high grade point average. A recently updated copy of the young man's résumé was attached for corroboration. In addition, the memo noted, Biju had not recently failed any exams; he also had a good job lined up that would pay over five thousand rupees a month. Based on these facts, the memo concluded there had been no academic reason to motivate a suicide. A similar inventory of details was offered in the second section, this time related to Biju's financial situation. The memo described the young man's family as middle class and well off; a copy of Biju's most recent bank statement was included to substantiate the several thousand rupees available in his ATM account on the day he died. He was given a regular allowance and never went without any necessities; yet he was not a “spoiled” child. These facts were sufficient, according to the memo, to rule out suicide due to money troubles. In the financial realm, Biju was neither in need nor in excess.

The final section focused on Biju's physical qualities. Fair in color, tall and handsome, the young man would not likely have had any “confidence issues” with respect to his looks, the memo conjectured, this last point in English. He was well liked at school by both male and female friends, and yet, it was discretely pointed out, Biju was not known to have been a “womanizer” or to have been involved in “love affairs” of any kind. The memo did mention that Biju had suffered from a chronic skin allergy, but he had been responding well to homeopathic treatment. The boy could not therefore have been prey, again in English, to “low self-esteem.” In sum, there had been no financial difficulties in Biju's family, no academic problems, no physical problems, and no love affair to speak of. Thus, the memo reasoned, Biju's death must have been a homicide, framed to look like a suicide. It concluded with a request that any information that might lead to the conviction of the murderer be forwarded directly to the family.

Deductive Reasoning and Suicidal Intent

Ajith's parallel investigation into his nephew's death highlights the ability of the educated middle class to effectively deploy the legal and bureaucratic grammar of suicide, and to thus

potentially secure the benefits and support of experts and the state.¹³ In carrying over the same categories and discursive frameworks from the medical and police reports, the memo signaled both Ajith's facility with state-authorized categories, and the social capital with which he was able to navigate the politically sensitive nature of Biju's death in the midst of election fever in the state.

Ajith's second-nature fluency in the bureaucratic language of suicide was most clearly illustrated in the tacit logic by which his family sought to discern and evidence the nature of the young man's death. This logic was suspended in the categories that organized the memo ("Academic," "Financial," and "Physical"), and in the discrete possible causes of suicide familiar to the memo's writers and presumably to its intended audience. As a distillation of the police investigation's findings, Ajith's memo is strikingly consistent with the causes by which reported suicides are classified by the state. The systematic ruling out of financial troubles, academic difficulty, low self-esteem due to a chronic skin problem, and illicit relations neatly align, for example, with four reasons for suicide among the 24 enumerated by the state: "bankruptcy or sudden change in economic status," "failure in examination," "chronic illness," and "failed love affair."

The reproduction of the taxonomic logic of the state apparatus in Ajith's memo is also notable for the power of these categories to project themselves as sufficient explanation for the complexities of individual and intersubjective suffering and experience. What made the categorical disqualification of suicide possible at the end of the memo was a distinct form of deductive reasoning. Here the systematic elimination of all the reasons why a young unmarried man would ostensibly end his life becomes adequate to the task of ruling out Biju's death as a suicide. Thus, while the memo was purportedly *about* Biju, at its foundation it was more precisely about a young man *like* Biju. By disqualifying Biju, point-by-point, from membership within broader patterns of suicide motivation among his demographic, his death was "proven" a non-suicide. Population trends directly informed the way this death event was read. The memo's carefully crafted argument unfolded less from the internal inertia of personal biographical details than from the epistemic dictates of the categories themselves. When the specificities of the young man's life emerged, they did so strictly as forms of evidence that placed Biju outside the trends among the generic aggregate of young men of which he was taken to be a part. Such deductive reasoning illustrates a phenomenon Mol (2002, p. 132) calls "mutual inclusion," whereby "a population is an aggregate of events that happen to individuals. But the events that happen to individuals are in their turn informed by the framing of the population they belong to." Here "the so-called whole is a part of its individual elements no less than the individual elements form part of the whole" such that the suicides of the population and the individual case are interdependent (ibid: p. 132).

In spite of the conviction expressed in the memo, Ajith's continued struggle to make sense of his nephew's violent death was painfully apparent the Sunday morning we met. Upon Ajith's request that I seek the input of local mental health professionals, I shared the memo with Dr. Latha, a clinical psychologist and trusted mentor. Scanning through the memo between clients one morning, her affirming head nods suggesting that its taxonomic logic made intuitive sense, Dr. Latha looked up at me suddenly. "It was drugs," she declared with staid certainty, setting the memo down on the table. Case closed. How did she know? "Because he was an engineering

student,” she said simply. I looked at her, confused, and she released a mild sigh. With the privatization of higher education and well-off parents now able to “buy” admission to medical and engineering programs against the wishes and abilities of their children, substance abuse and suicide rates were naturally on the rise among this population, Dr. Latha explained. The young man’s multiple and consecutive attempts are consistent with the suicidal behavior of those who are high or under the influence, she continued. When I pointed out that the postmortem report indicated no presence of drugs or alcohol in Biju’s body, she reminded me in a disabusing tone that even official reports could not be trusted. Families, she said, particularly middle class families like this one, often pay the police to conceal, expunge, or modify findings detailed in the First Information Report. This family, she said with a pitying look, has not told you the whole story.

In Dr. Latha’s simple conviction that this case was yet another in a rising trend in the population at large, her explanation enacted a dismissal of needing to know more or otherwise. Hers was a kind of “knowledge enough” of suicide. Biju’s apparent fit with a demographic profile familiar to Dr. Latha from her clinical work, coupled with suspicions of manipulated evidence, was sufficient for her to consummately disqualify all other details so painstakingly compiled in the memo. While scholars have identified in other contexts an imminent connection between violence and narrative (Caldeira 2000; Gilsenan 1996), talk of suicide archetypes in Thiruvananthapuram suggests that violence does not *ipso facto* loosen tongues or engender narrative with a volubility particular to violence itself. To the extent that a death projects itself as consummately self-evident to some, it may resist and foreclose narrative, demanding little or no further explication. For some like Dr. Latha, a dedicated and highly respected psychologist who sees in upward of 30 patients a day in Kerala’s overburdened public mental health services sector, this is the kind of knowledge of suicide that, at times, is knowledge enough.

Together, Ajith’s memo and its easy dismissal by Dr. Latha highlight the tacit but sometimes conflicting ways social and bureaucratic discourses render death events imminently knowable. They also illustrate the abilities of the educated elite to deploy this knowledge toward particular ends in deciphering suicide. I turn now to the story of Kanthamma to further explore how those well versed in the bureaucratic and legal categories of prosecution in cases of suicide are able to anticipate epidemic readings to strategically assert their own narratives. The final testimony of a dying woman, issued as an explicit refutation of police suspicions of family abuse, reveals the legal force of epidemic readings of suicide. It further elucidates the possibilities for defusing incriminating narratives by those able to mobilize the very same categories by which female suicide commands meaning to the state.

Kanthamma’s Testament

As liquid beams of soft afternoon light streamed in through the curtained windows of her living room, Prema pointed to the large framed photograph of her mother-in-law hanging above the television set. She spoke of how beautiful Kanthamma had been: fair complexioned, with long, ink black hair (later regularly dyed with Black Rose powder, Prema whispered in confession, but beautiful nonetheless), and with a kind disposition. Gazing through the lens of her own marriage, she recalled how patiently her mother-in-law had taught her how to cook and manage the housework. Prema remembered with a smile how Kanthamma would greet her granddaughter at

the doorway every afternoon when she came home from school, an apple outstretched in the palm of her hand.

It was eight years prior when Kanthamma, recently widowed, began talking about and planning her death. Although Kanthamma's asthma had worsened, causing her chronic discomfort, Prema took her mother-in-law's casual jokes about death as the passing comments of an aging widow in the dusk of life; nothing serious to warrant concern. Reflecting back upon the weeks before Kanthamma's attempt on her life, Prema recalled how no one in the family had expected what they would later come to find out was unfolding. Kanthamma had purchased and hidden away a bottle of kerosene and a box of matches, and had detailed in a diary her plans to free her family from the burden of her care.

The day Kanthamma died, Prema recalled, she and her husband, Manoj, were taking an afternoon nap in the living room. At the time, Prema's brother-in-law and his wife were visiting from Dubai. Prema's daughter had just returned from school and was studying in her bedroom. Suffering from a bad cold at the time, Prema had taken a pill that put her into a fast and deep sleep. After some time she roused from sleep, groggy from the medication. "I noticed a strange *smell*. And a tremendous breeze. A strange *smell*," Prema recalled. "When I checked inside the house, when I looked inside mother's room, I didn't see her. I turned and looked out to the back of the house." Out in the yard, Prema saw what she thought was a man lying motionless on the ground. Had another roaming drunk opened their gate and stumbled into the yard, she wondered? She paused, looking more carefully this time. Running into the house, Prema's suspicions began to rise. Desperately, she began crying out for Kanthamma, checking again for her in the bedroom. Kanthamma was not there. "When I looked out in the back of the house again, my God...It wasn't a man," Prema recounted, her voice shaking. "Her hair had burnt away."

Kanthamma was rushed to the government hospital with extensive first-degree burns. Prema recounted how the police came to interview Kanthamma in the hospital:

Prema: The police came and questioned mother. They made the rest of us all leave the room. The doctors too were sent out. Manoj, Manoj's brother, everyone was sent out. They asked mother, "Why did you do this?" Mother said, "I want to die. I have a terrible illness."

JC: She told this to the police?

Prema: Yes, she told this to the police. I remember it well. I have a good memory. "I want to die." And also, "I have a terrible illness, really terrible asthma. If I lie here in bed like this, it's a great burden on my children. That's why I've done this to myself. My children—no one—has done this to me. That's why you must not do anything to any of them," she said. So they immediately wrote all of this down. "Alright," they said. The doctors, Manoj, all of us were brought back into the room. Then she said to Manoj, "My son, don't worry." Manoj really loved his mother. She said to Manoj, "Son, don't worry. It's because I couldn't bear it anymore that I did this. I am going to die."

Kanthamma passed away later that night.

Kanthamma's final testament was Prema's echoing refrain the afternoon we spoke. As a recorded declaration of her family's innocence, Kanthamma's testament points to the ways female suicide and self-injury, as other scholars working in South Asia have pointed out, are taken to be intimately linked to, if not synonymous with, family abuse and neglect (Marecek 1998; Spencer 1990; Waters 1999; Widger 2009). In the Indian legal context, the so-called dowry death laws, for instance, raise the presumption of abetment to suicide against husbands or in-laws, particularly if a woman's suicide occurs soon after marriage.¹⁴ The equivalence between female suicide and family violence conditions what Anne Waters (1999) has, borrowing from Foucault, referred to as an "incitement to suicide," where legal, medical, and social techniques of investigation prompt over-determined narratives about causality and female suffering in the home and may also valorize suicide as an act of testimony for women.

Fears that family survivors will stand accused in the wake of female suicide are very real. Kanthamma's death was no exception. To deflect police suspicions of abuse, Kanthamma had made an explicit statement of her family's innocence. She even directed the police to further evidence that might release her family of any blame: the diary locked in the drawer of her bedside table at home documented extensively her sufferings with asthma. Over time, Prema too had learned how to narrate Kanthamma's story and suffering to defuse spoken and unspoken suspicions of foul play. By citing in first person voice her mother-in-law's dying words, and authorizing her own account of them by declaring, "I remember it well; I have a good memory," Prema channeled the "official" voice of testimony to assert the family's innocence. "They [the police] wanted to open a full investigation but mother's words in her testimony were given most *importance*," Prema reminded me several times the afternoon we spoke. "What mother said was simply this: 'I have done this myself. None of my children knew about it. They were sleeping. At the time my little granddaughter had just come from school. After seeing my granddaughter, I did this.' That's what mother told the police."

Ultimately, no police investigation was launched. Even then, rumors abounded in Prema's neighborhood. Gossip in the wake of Kanthamma's death invoked the specter of the "bad" modern family (Cohen 1998), configured as the middle class nuclear household and its dispossessed elderly. An elderly woman's immolation may engender suspicion of kin for directly or indirectly precipitating death, suspicion that can be particularly incriminating to the daughter-in-law who is said to return upon her mother-in-law the cruelties suffered as a young wife. Prema got wind of rumors circulating in the weeks after Kanthamma's death. She placed the blame for these rumors on the domestic workers who travel in daily from the margins of the city to clean and cook in the homes of her middle class neighborhood: "We told everyone [what had happened]. But for some people around here—well, actually, mostly just those very *low class* people, those servants [*jolikari*] who come for housework—when a suicide like this happens, all of them say, 'My god! That's how she died! They killed her!' That's what they say." These comments reveal the social fault lines along which epidemic readings of suicide as moral accusation are produced and circulated. For Prema, gossip about Kanthamma's death emerged not from specific details about her family—there were no incriminating details to speak of, she insisted—but rather from the desire among domestic workers to monopolize an opportunity to vilify their middle class employers.

Among female domestic workers with access to the intimate affairs of the middle class households from which they are simultaneously excluded, rumors of the “real” reason for a grandmother’s death can serve as a site for commentary about elderly abuse and neglect as classed pathology. Such rumors can be performative, working to highlight the moral failures and dissolute behaviors of the socially elite and ennoble by contrast the kinship commitments and priorities of the laboring classes. As was the case with the rumors concerning Kanthamma’s death, vernacular forms of truth-making emerged, not by weighing these accounts with or against official reports, but by claiming knowledge *over and above them*. Although there was no police investigation into Kanthamma’s death, rumors of murder spread nonetheless. Accusations of middle class murder that may selectively or categorically disqualify official reports with allusions to the manipulation of evidence between police and elite families open a clearing beyond authorized knowledge for vernacular assertions of “what *really* happened.” Yet, there is a paradox here. Although such convictions claim to circumvent official reports, they ultimately reproduce many of the same legal and bureaucratic categories by which female suicide is imminently read as family neglect and violence.

While murmurings about the truth of Kanthamma’s death still surface years later among Prema’s neighbors, fluency in the bureaucratic and legal languages of suicide enabled Ajith’s and Kanthamma’s families the ability to navigate epidemic readings in relatively effective ways. Leelamma’s story suggests the stark limits to doing so for those with radically less leverage in their encounters with the state.

Sites of Violence

On a cool December morning, a body was found lying near the railway tracks on the outskirts of Thiruvananthapuram city. Only a mobile phone, deposited some ten feet away in an outcrop of wild grass, and a neatly folded letter in the front shirt pocket gave witness to the body’s belonging in the world. Soon after, the event surfaced in the dry, clipped sentences of the local newspapers. “Young man’s body discovered by railway tracks. Police report determines accidental death.” The papers compensated for the thrift of words with the disquieting intimacy granted to its readers through a small, black and white photo of the 24-year-old.

In the words of a neighbor who responded to the news: “Around here, a body by the tracks always means a failed love affair.” For my neighbor and many others following the story, the already impoverished account reported in the news was distilled down to its trace elements:

A body was found by the police by the railway tracks.

Body by the railway tracks.

Body.

Railway tracks.

These two elements, when brought together in a union of violence, appear to speak to a discrete death event. When found along the railway tracks in Thiruvananthapuram, the body becomes metonymic of a particular act of suicidal violence and its motivation. Heartbreak due to unrequited or failed love is the precipitating cause and reason for its being. For those who insisted that the reported story was a suicide, even when provided more details about the death, it did not matter what the contents of the note discovered on the body read. It did not matter what

the physical condition of the body was, or its exact location or positioning; only that it was found along the railway tracks. Equivalences between site, method, and motivation are here explicitly gendered. Distinctions between the public sites of violent and fatal male suicides versus the domestic placement of women's acts of self-injury are informed by broader patterns of suicidal violence, and are themselves taken as evidence of organic differences dividing male strength from female weakness.¹⁵

If the details of the death were irrelevant to my neighbor's simple conviction that this had been a suicide over failed love, they were critical to Leelamma. It was Leelamma's son Prakash whose body was found that December morning. Leelamma, a grandmother in her early fifties, has worked as a domestic servant all her life. She takes three connecting buses five days a week to do the cooking and cleaning for several families in a middle class neighborhood in central Thiruvananthapuram. In the weeks shadowed by the first year anniversary of Prakash's death, Leelamma pulled out a small square of newspaper from her wallet, softened from repeated folding and unfolding. It was a clipping of the photo of her son from the newspaper. Prakash had left the house as usual one Friday morning, heading, Leelamma had presumed, for the neighborhood bike shop where he had just recently started a job as a mechanic. She recalled how she and her husband had gone to the local police station that Sunday morning, two days after Prakash had gone missing, to file a report:

The phone was ringing. One of the police officers picked up the phone. "There is an unidentified body lying on the railway tracks." They said, "There is a mobile phone lying there." When they took the body...they found a note. A note was there. It had been on the body. My daughter's name. The three children's names...the three girls. "Forgive me, mother. Forgive me, mother. Mother, I am leaving." The letter had been in the pocket. I said, "Sir! That's my son, my son! This is his name. [These are the names of] my daughter's children!" Then the Sir immediately jumped up. He questioned the officer who had come from the scene. It had been one day since he died. Poor thing. An unidentified body.

It was her son's unclaimed status that evoked such visible pathos in Leelamma. For an entire day and night, Leelamma's son had belonged to no one and nowhere.

Months after Prakash's death, Leelamma remained mired in speculation and the retrospective insights of friends and family. She continued to struggle to piece together a coherent narrative of how and why her son had died. Years before, Leelamma recounted, Prakash had fallen in love with a girl in the neighborhood. Prakash came to learn that Tara had a "line"¹⁶ at the time, the man she later married. Though heartbroken, Prakash remained in contact with Tara, aware of her deteriorating relationship with an abusive husband. One day while he was traveling home by bus, Tara boarded and sat next to Prakash on the same bench, breaching the strict gender-segregation on public buses. A family friend, seeing the two together, reported the incident to Tara's husband. That same evening, Tara was badly beaten and subsequently cast out of her home. This, Leelamma suggested, was the event that triggered the cascade of problems that was at the root of the severe *manasika prasnangal*, or mental troubles, that plagued Prakash the last months of his life, and which ushered in his untimely death.

On the way to work that Friday morning, Prakash received a call from Tara. She said her husband had threatened to kill her. Frightened, she told Prakash that she was going to kill herself rather than face her husband's wrath. When Prakash promised her they would run away together and start a new life, Tara gave him the address several miles outside of the city where she was hiding. Prakash arrived by auto-rickshaw to find Tara and her mother waiting on the doorstep of an abandoned house. Leelamma told me how, in a police interview, the autodriver had said that Tara and her mother boarded his vehicle, leaving Prakash behind. Through his rear-view mirror the driver saw four men emerge from the house. Leelamma told me that Prakash was beaten to death, having sustained massive injury to his head and body, and was abandoned at the railway tracks. It was all planned, she explained, wringing her hands. Tara—all of them—had “cheated” him (*chathikkuka*). Prakash's murderers had even thought to deposit his body at the railway tracks knowing that the death would be read as a suicide. When I inquired after the note in Prakash's pocket, Leelamma explained that it was her son's goodbye letter, written in the expectation that he was setting off with his love, never to return home.

In the wake of her family's loss, Leelamma's struggle to generate closure for her family hinges on how successfully she can project her own interpretation of Prakash's death against others that threaten to colonize their lives and reputations in the community: “We told our friends and neighbors that he couldn't have committed suicide. They murdered him.” Although the police reports determined the event an “accidental death,” many in Leelamma's neighborhood, even those who knew Prakash from when he was a small child, continue to believe his death was a suicide. Like Ajith, in the months following Prakash's death Leelamma conducted a parallel investigation of her own, talking informally with Prakash's friends and acquaintances. As details unfolded, she encouraged some of these young men to come forward to the police with their testimonies. But convinced they would be dismissed, or worse yet, harassed or punished, they refused. Lacking the social capital and the fluency in bureaucratic discourse so artfully commanded by Ajith and Kanthamma, Leelamma was unable to mobilize the help of experts or authorities to re-ignite a fresh investigation into her son's case.

Leelamma's efforts to project her own narrative of Prakash's death are not, and will never be, complete. At stake are the reputation of her family and her faith in herself as a loving mother. Her efforts to forward a narrative of murder are also caught up in the moral judgments others make about Prakash's behaviors before his death. Accusations about his jobless loitering around the neighborhood, trouble making with college friends, and alleged philandering with married women mark the young man's reputation in death as it does his family's in life. On the afternoon Leelamma and I spoke, she worried that rumors of suicide among friends and neighbors had generated cracks and fissures in the convictions of her family to the point where some had begun to question how well they had ever really known Prakash. As ambivalence and certainty gathered unevenly around her son's death, listening to Leelamma's story demanded “listening for hesitation—listening for that which persistently disrupts the security of what is known for sure” (Stevenson 2009, p. 56). Leelamma herself vacillated as she continued to engage and forcefully postpone doubt: “It was murder. They took him and murdered him. That's what it was. But he did write a letter. That's true. [In the letter he had written] ‘She called me. I am going with her. But if I don't go with her, she told me she will kill herself.’ That's why he wrote all of this. ‘If she kills herself, I don't want a curse to befall my family,’ he had written.” Then in the same breath, Leelamma softly conceded, “But in what way we should think, I don't know.”

Conclusions

Arthur Kleinman, Veena Das, and Margaret Lock have usefully proposed the term “social suffering” to describe the “assemblage of human problems that have their origins and consequences in the devastating injuries that social force can inflict on human experience” (Kleinman et al. 1997, p. ix). The notion of social suffering seeks to recognize the often “close linkage of personal problems with societal problems” and thus resist the categorization of issues such as substance abuse, domestic violence, suicide, and depression as “principally psychological or medical and, therefore, individual” (ibid, p. ix). It acknowledges the “interpersonal grounds of suffering” that are often erased in professional medical knowledge and official discourse (ibid, p. ix).

In Thiruvananthapuram, social and bureaucratic discourses of suicide enact the framing of a different “social” suffering. By casting suicide and suffering less immediately in the terms of psychiatric pathology or neurochemistries than in the terms of collective decline, social and bureaucratic discourses typically de-medicalize suicide.¹⁷ More than generating speculative talk of depression or wayward biologies, Kanthamma’s death, for example, raised the specter of family violence, while Prakash’s death spoke well-worn tales of the naïve disappointments of lovelorn youth.¹⁸ Yet, insofar as the suffering in these accounts might be called “social,” understood here in epidemiological terms, we have seen how such accounts fail to escape or resist the reductive effects of official discourse. Subject to what Mol (2002, p. 133) identifies as the circularity of epidemiological forms of knowledge, where “the diseases of population and patient are interdependent” such that “the coconstitution is mutual,” these “social” accounts of suicide push and mold lived deaths to speak to and stand for ideas of collective decline. For the families whose stories were presented here, epidemic readings flattened the complexities of individual and intersubjective suffering into generic scripts that spoke less to any distinct details about Biju, Kanthamma, or Prakash as individuals, than to the characteristics of the aggregate populations to which they were taken to belong. Nor do vernacular accounts that claim to bypass official knowledge necessarily escape these reductive effects. As we saw in the rumors of murder that spread in the wake of Kanthamma’s death, convictions among the laboring classes of “what really happened” replicated the same bureaucratic categories through which female suicide commands meaning to the state. Moreover, although these “social” accounts typically de-medicalized suicide, they did not necessarily mitigate the use of pharmaceuticals. In the clinical setting, suicidal behavior was also commonly read as a symptom of social disorder in the narrative and diagnostic practices of psychiatrists and psychologists. The salience of social interpretations in the clinic strongly aligned, however, with what Andrew Lakoff (2005) has called “the medicalization of social disorder,” where framing suicide in terms of the social did not critique the use of pharmaceuticals so much as endorse it.

The “social,” in this case, fails to recuperate the complex “local worlds” (Kleinman 1992) of individual and intersubjective suffering against the reductive tendencies of official discourse. Rather, bureaucratic institutions, expert cultures, media representations, and everyday rumors reify categories of social pathology around suicide while “casting a veil of misrecognition over the domain as a whole” (Kleinman et al. 1997, p. xxv). By reducing the act of suicide to one (or several) discrete social ills, epidemic readings fracture the realm of everyday social life and suffering into measurable and decipherable attributes, shaping the ways people live in

relationship to the category and categories of “suicide” while deflecting attention from the powerful interests vested in reading suicide as such. In all of their claims to revelation, scandal, and exposure, social and bureaucratic discourses of suicide also necessarily conceal and obscure. Suicide’s categories are exposed and exploited as *the* secret at the expense of other narratives and experiences of social life—those variously marked by violence, abandonment, despair, and psychiatric illness, as much as by love and care—that remain just beyond the pale.

In suicide’s wake, families struggle with the easy metonymy between lived deaths and social pathology in contexts of love, intimacy, care, and grief. From Ajith’s memo to Prema’s recital of Kanthamma’s last words, we have seen how intimacies between kin are placed on trial in very public ways for surviving family and even the dying. Social and legal discourses of suicide, if not directly implicating kin abuse and neglect, call upon family members to testify against accounts that may not be their own. Epidemic readings of suicide telescope the complexities of suffering, as well as expansive histories and cosmologies of family life, into momentary acts of refusal and violence that have their own tales to tell. Accounts explored here have illustrated how families bring dramatically different resources, fluencies, and forms of capital to navigating these tales as they engage in the “work of mourning” (Das 1986). For both Leelamma and Prema, others’ assumptions about the nature of death worsened the grief of their families as they struggled to maneuver truth toward closure and healing. By contrast, bureaucratic categories of suicide gave Ajith’s family a language with which to rationalize a senseless event, providing a degree of closure around the conflicting details of Biju’s death. For some, reading individual death “up” to broader scales of social pathology brought welcomed meaning to the otherwise inexplicable; for others, it brought down the heavy hand of the state.

The explanatory narratives families struggle to put forth about the deaths—and lives—of loved ones reveal how streams of discourse flow together, pooling unevenly as fluctuating moments of ambivalence and certainty. While leaving space for the ambiguities that shroud these events, I have sought to emphasize the ontological investments—legal, bureaucratic, and social—that construct particular death events as imminently knowable. The insistence of casual onlookers and experts that they know the “real” reason for suicide can feel incontrovertible to family who labor to forward their own narratives about life, death, and loss, and can even generate doubt about the lives of the loved ones they thought they knew. For those like Leelamma, who endlessly shadowbox with the easy convictions of neighbors, acquaintances, and strangers, this makes the tales their loved ones are made to tell as real as any of their own.

Footnotes

1. The names of all interlocutors have been altered to preserve anonymity.
2. For example, a news article on suicide in Kerala titled “Ending Lives the Easy Way” states: “Take the case of this little boy in Noornad, the village which tops the suicide charts. He simply jumped into the well because his mother refused to buy him a new pair of slippers. This incident happened a few years ago.”
<http://www.hinduonnet.com/mp/2002/06/10/stories/20002061000890200.html>.
3. According to the Kerala State Mental Health Authority (KSMHA), which compiles its data from state and national crime statistics, at their peak, Kerala’s suicide rates have exceeded 30 per 100,000, but have seen an overall decrease since 2003. Variations across and within state districts can be considerable. In Thiruvananthapuram district, the suicide rate jumped from 17.2 per 100,000 in 1995 to as high as 41.4 in 2001. For more statistics, see <http://www.ksmha.org>.
4. Following the lead of mental health activists in Kerala, I utilize the term “family-murder suicide” rather than “family suicide” to emphasize that these group acts often involve coercion or murder of others by one or two family members. Family murder-suicides have been on the rise since the 1990s in Kerala. In 2007, the state accounted for 39 of 100 cases nationwide, followed by Andhra Pradesh, which reported 34 (National Crime Records Bureau, Government of India).
5. As the home of the first democratically elected communist government in the world, Kerala first attracted international visibility through the lens of its Marxist politics. This shifted in the 1970s as development scholars and economists in the West began to look upon Kerala as an “object of fascination” (Jeffrey 1992: ix). Impressive social indicators including falling birth and infant mortality rates, average life expectancies rivaling those of the United States, and high literacy rates among men and women had been achieved in Kerala despite the state’s relatively low level of economic development. Sustained political mobilization and organized struggle throughout the twentieth century, together with the state’s commitment to redistributive development, led to one of the most extensive welfare states in the global south by the end of World War II. Debates originating among local scholars in the 1990s have questioned the sustainability, merits, and achievements of the so-called Kerala Model.
6. For more on the relationship between suicide, everyday life, and neoliberal shifts, see Livingston 2009; Parry 2012; Staples 2012b.
7. The bulk of the research for this project was conducted over a twenty-three month period between 2005 and 2007. The project involved participant observation at two clinical sites, and interviews with mental health professionals, family counselors, state

officials, educators, parents, and attempters and family survivors of suicide. I also conducted interviews and oral life histories with young adults.

8. This recalls Gayatri Spivak's ambivalent account of the suicide of female freedom fighter Bhuvaneswari Bhaduri. Knowing that her death would be deemed as the outcome of illegitimate passion, Bhaduri waited until the onset of menstruation before hanging herself.

9. The success of state-sponsored family planning campaigns in Kerala is one example (Devika 2002).

10. In certain instances these categories have been modified to reflect more contemporary issues and concerns, as in the subcategories of "illness" which now include "AIDS/STD" and "cancer." Even at the regional level, these categories are not easily modified. During fieldwork I learned of efforts by non-profit and other civil society organizations to petition for changes to these categories as a means of bringing light to dimensions of the suicide problem in the state otherwise neglected. A formal petition, ultimately declined, was put forth several years ago by the clinical psychologists associated with a Thiruvananthapuram-based NGO to include "homosexuality" as an authorized cause.

11. For instance, while the suicides of children organizes considerable fear and anxiety in public and expert discourse (Chua 2011), in 2009 the KSMHA reports that less than 1 percent of suicides were committed by children 14 years of age and younger.

12. Rajani Anand's suicide, reportedly motivated by her inability to secure a loan to continue her college studies, was positioned by opposition leaders and others as a symbol of the costs of privatized education in the state.

13. I thank Tom Widger and James Staples for helping me to elaborate on this point.

14. Dowry death was created as a new offense under section 304-B of the Indian Penal Code. Section 113-A was also added to the Indian Evidence Act to raise the presumption of abetment of suicide against the husband or his relatives if the wife commits suicide within the first seven years of marriage and there is evidence that she has been subjected to cruelty. Section 174 of the Criminal Procedure Code was also amended to require authorities to conduct a postmortem investigation into every case involving the suicide or death of a woman within a period of seven years from her date of marriage. See Mohite and Chavan 1993 for more information.

15. Among my interlocutors, the method of killing oneself by jumping from heights or on the railway tracks, for example, was coded as "male" while nonfatal self-harm in the domestic space was coded as "female," differences that appear to be borne out by reported patterns of suicide. But the gendering of suicide is also bolstered by ideologies

about lethality and gender. The notion that women are less inclined toward violent methods—their preference for taking pills rather than jumping from heights, for example—was often read as a sign of women’s “natural” aversion to violence.

16. The English word “line” is slang for a romantic relationship outside of marriage.

17. I thank an anonymous review for highlighting this point and encouraging me to develop it further.

18. Although explanatory accounts of suicide in social and bureaucratic discourse were typically and principally “social” in nature, this was not necessarily to the complete exclusion of medical discourse. For example, family problems taken to be the root cause of a suicide might be seen as the precipitating condition for depression leading in turn to suicide.

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