

2015. 'Personhood, agency and suicide in a neo-liberalising South India', in L. Broz & D. Munster (eds), *Suicide and Agency: Anthropological perspectives on self-destruction, personhood and power*, Farnham: Ashgate, pp27-46.

## **Personhood, agency and suicide in a neo-liberalising South India\***

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### **Abstract**

Explanations for increased rates of youth suicide in the South Indian leprosy colony where I conducted research were reduced, in popular discourse about causality, to the categories of debt, unfulfilled aspiration and desires, and romantic failures. Convincing though these explanations are, they do not help to explain why young people everywhere, faced with the same kind of existential crises, do not take their lives in comparable numbers or, indeed, why they utilise particular – and very gendered – methods of harming and/or killing themselves. Ethnographic research, however, illuminates the local specificities against which such existential crises are played out in ways that might aid our search for explanations. In this article, I explore how South Indian notions of personhood – which, in turn, lead to particular understandings and experiences of agency – might impact on how and whether people kill themselves. I also attempt to situate these local explanations of personhood and agency in the wider context of a contemporary, industrialising and, increasingly, neo-liberal India, and, in some measure, to analyse the interplay between the two.

### **Introduction**

If we accept, as an anthropological or sociological audience might well do, that suicide attempts<sup>1</sup> cannot be wholly understood as isolated, individual acts, divorced from the

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contexts and sets of relationships within which they occur, then it follows that any exploration of what causes suicidal acts also needs to consider local constructions of personhood and agency. In the case of my own research area, South Asia, an enduring distinction in the ethnographic record has been that drawn between Western persons as stable, self-contained individuals, and their South Asian – or otherwise non-Western (cf Strathern 1988) – counterparts as 'dividuals' (Marriott 1989:17). Westerners, to quote Geertz, tend to view the person as a 'bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgment and action organized into a distinctive whole and set contrastively against other such wholes and against its social and natural background' (1983:59). South Asian 'dividuals', on the other hand, have been characterised as substantially connected to other people and things, literally transformed through their transactions in ways that Western 'individuals' are not (see, for examples, Busby 1997; Daniel 1987; Das 1979; Marriott 1976, 1989; Staples 2003: 296-297). Such acts as birth, marriage and food-sharing are all seen as involving an exchange of bodies, substances or body parts (e.g., Inden and Nicholas 1977: 17-18), a perspective reinforced by classical Ayurveda, in which 'the body is described not so much as a more or less sealed container ... but rather as a landscape, an open field with all the processes flowing visibly, at or near the surface' (Trawick 1992: 148). As a consequence, it is argued that people come to see and experience themselves as continuous with others rather than as self-contained units.

If this is so, might the responsibility for suicide attempts be located not solely within the individuals who attempt it, but more broadly within the nexus of relations they might have with other people and things? And might such a worldview – as I explore in the following – enable us to conceptualise suicide attempts less as individual acts and more as something analogous to the final stages of a dance involving two or more interconnected persons, played out against very particular, and continuously changing, socio-cultural backdrops?

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<sup>1</sup> For the purposes of this article I have opted for the term 'suicide attempts' as a general gloss in include comparable acts that might or might not have resulted in actual death, and acts – as was commonly the case – where intentionality was ambiguous. In many cases, I shall argue, it was not the death was either intended or not: rather, it was accepted as a possible outcome.

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Before I pursue these lines of arguments, I should note first that this oppositional positioning of Western and non-Western models of personhood is, of course, to overstate the absolute differences between the two perspectives (Staples 2011a; Staples 2003: 296; see also Fuller 1992:12; Parry 1989:494-512). It is also to ignore a body of work that emphasises the South Asian individual and the efforts taken by Hindu persons to counter or prevent mixing across fluid boundaries (eg, McHugh 1989; Mines 1988, 1994; Mines and Gourishankar 1990; Parish 1994); and to set up a series of false dichotomies, including those drawn between monism and dualism, individualism and dividualism, and 'the West versus the rest' (see, eg, Carsten 2004). In addition, while the ethnographic record provides many examples of people who exemplify dividual models of personhood very well, there are many in India – Dalits, the leprosy-affected Christian converts I worked with, a growing urban middle class, to list just a few – who actively resist such a perspective. The same persons might also be more or less bounded or fluid across different contexts (e.g., Spencer 1997; Mosse 2006), or, as Busby (1997) demonstrates by comparing Indian and (drawing on Strathern 1988) Melanesian personhood, dividual in different ways cross-culturally<sup>2</sup>. Some people – women in particular – might also be considered permanently more fluid than others (Lamb 2000). To complicate the picture further still, there is a growing body of work demonstrating that not all Westerners are as bounded as comparisons between the two might imply (Carsten 2004; Staples 2003:296; Bourdieu 1984: 206).

Nevertheless, notwithstanding these counter arguments, most anthropologists of India continue to accept that those with a South Asian worldview have at least *tended* towards relatively more fluid conceptions of personhood than their Western counterparts, with shifts towards more atomised notions of the body and person – which might well jar with concurrently held notions of fluid personhood – a more recent consequence of global capitalism and other related factors, such as, in my own fieldsite, widespread conversion to Christianity. If we accept this broad premise – while remaining alert to the contradictions and nuances within it – then we also need to

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<sup>2</sup> Busby (1997) argues that while Melanesians might be seen, according to Strathern's descriptions, as internally divided, partible persons, South Indian persons are by contrast internally whole, with fluid or permeable bodily boundaries (see also discussion in Carsten 2004: 126-134).

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explore its implications for analysing a whole range of social phenomena and assumptions made about people and their actions more generally. The tensions set up between the binaries of individualism and dividualism or between structure and agency might be false ones, but, to use Lévi-Strauss's phrase, they are sometimes 'good to think with' (1963: 89). They enable us to consider, for example, whether it makes sense to think in terms of individual, rather than more dispersed, agency, and to interrogate the relationship between personhood and agency. In relation to the themes of this article, we might also ask if suicide can ever be analysed, as Western psychologists sometimes reduce it to, as an individual act: a consequence of 'violence turned inwards' (Menninger 1988). Suicide, I argue here, needs to be explored in relation to local ideas about personhood and agency, while, at the same time, such local ideas might also be better understood through an ethnographic examination of suicide.

Explanations for increased rates of youth suicide in the South Indian leprosy colony where I conducted research were reduced, in popular discourse about causality, to the familiar categories of debt, unfulfilled aspiration and desires, and romantic failures. Compelling though these explanations are, they do not help to explain why young people everywhere, faced with the same kind of existential crises, do not take their lives in comparable numbers or, indeed, why they utilise particular – and very gendered – methods of harming and/or killing themselves. In this article, I explore how South Indian notions of personhood – which, in turn, lead to particular understandings and experiences of agency – might have an impact on how and whether people kill themselves. I also attempt to situate these local explanations of personhood and agency in the wider context of a contemporary, industrialising India, and, in some measure, to analyse the interplay between the two.

## **Bethany**

As a self-established and self-run leprosy colony, Bethany, the field site on which this article draws, differs in many respects from the villages constituting the part of coastal Andhra Pradesh that surrounds it. When people began settling there in the 1950s, the community was a squatter settlement of cured patients discharged from a nearby mission hospital, where most of them had been converted to Christianity from

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Hinduism or (less often) Islam. Under half the current population of around 1,000 people has ever been infected with leprosy. With caste differences eroded both by the shared experience of leprosy, religious conversion and geographical displacement that movement to the hospital had entailed, inter-caste marriages within the village – unlike elsewhere – were, and remain, commonplace (see Staples 2007). Given these notable differences, one might well question the wider relevance of this community's experiences of suicide, but, as my focus on the topic over two field visits in 2007 and 2009 revealed, many of the explanations given for suicide attempts – and the kind of language used to describe them – were remarkably similar to those being expressed in India more generally. So were the methods used, with marked differences along gender lines. Although statistics relating to suicide are notoriously problematic (Staples 2012a, Hacking 1991, Marra and Orrù 1991) the figures matched the national picture too. According to my household survey, 31 people – 15 men and 16 women – attempted suicide between 1991 and 2007, some of them several times. Seven had died as a consequence. Leprosy was not a prominent feature in any of these cases: only three of those who attempted suicide had ever had the disease, and even in these cases, occurring long after their diagnosis, the proximate causes were not disease related. Strikingly – and in common with other studies (eg Aaron, Joseph, Abraham *et al* 2004: 1117-1118) – the majority of the cases I encountered were among younger people, many of them born in the community. Their average age was 24, with an age range of 15 to 40.

Elsewhere (Staples 2012b; Staples and Widger, 2012), I have drawn on my ethnographic data about suicide in Bethany to claim that suicidal behaviours – in which I include attempted suicides as well as acts that resulted in death but might not have been intended as such – should be analysed not as an effect *either* of personal psychology *or* of social structure, but as social phenomena constituted within what Hacking (1988) called an 'ecological niche.' A 'suicide niche' – within which suicide becomes a possibility of thought and action – is created through the convergence and interplay of a whole range of underlying conditions with the immediate contexts that appear to trigger the suicidal act. Many of the wider cultural conditions, I argue, are deeply embodied as what Bourdieu (1984) called 'dispositions', and although such dispositions do not determine if and how suicidal acts occur, they do make suicide more

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or less likely as a response to particular stimuli, and suggest the forms those acts might take. When people engage in suicidal acts, they draw on embodied knowledge: knowledge which includes unconscious perspectives on the world that, in turn, were shaped by their socialisation within a particular web of cultural circumstances. Given that such knowledge includes understandings about what it is to be a person, I go on to argue in this article that culturally specific notions of personhood and agency might also have mileage in understanding suicidal behaviour in India.

I begin, then, with three case histories – chosen for their typicality as well as for their particularities, and fortified with the testimonies of others – which I shall then go on to analyse in relation to the questions I posed earlier in relation to personhood, agency and socio-political change.

### **Case I: Ratnam**

Ratnam, the 18-year-old son of leprosy-affected parents, was in his final year of a private, English medium college when he drank poison. The college principal, he said, had been putting pressure on him to pay his school fees, but his father, Jonah, had been slow to come up with the money, and he felt embarrassed. 'Everyone in the school, my classmates as well as the teachers, all knew we were behind with the fees payments,' he said, 'and I was ashamed. How could I face them?' He stopped attending his classes as a consequence and, when his father found out, he was angry and hit him.

'I'd told him I'd pay later, when I had the money,' Jonah said when I interviewed him separately. 'But when we found out that he'd stopped attending college altogether I was furious and yes, I beat him. But I can understand now how he was suffering. They were shaming him at college, and I wouldn't leave him be at home. What could he do?'

After taking a beating from his father, Ratnam went to the rear of the house to take a bath. He was feeling angry, humiliated, and unable to think of a way out of the situation in which he had become embedded. 'It wasn't fair,' he said. 'It was because my father didn't pay that I had stopped going to classes, but it was also my father who beat me for not going!' He then spotted a bottle of insecticide on the wall outside the bathroom. His father had bought it to feed the sweet lime tree that grew at the front of their house. Ratnam opened the bottle, downed about half of it, and finished his bath. 'I

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wasn't thinking,' he said, 'but I wanted to die.' A close friend of his in the village had drunk the same brand of insecticide three months earlier – apparently from an older, more lethal batch – and had not survived, so Ratnam was aware of the potential consequences, even if he was not considering them at that moment. By the time he came out he was groaning from a burning sensation in his chest, and his mother, noticing that the pesticide bottle was no longer on the wall, guessed what had happened and called for her husband to come quickly. Jonah, trained as a paramedic, raced to the back of the house, grabbed hold of him and forced one of his fingers down Ratnam's throat, causing him to vomit. They then took him to the local doctor who referred them on to a specialist hospital in the next town, where he was treated and spent a couple of weeks recovering. According to his father, his treatment cost Rs80,000: the equivalent of his salary for nearly two years.

'All my relatives came to visit me and there was a lot of weeping,' Ratnam remembered. 'My father asked me why I did it, and he was understanding when I explained. The college principal and others knew we hadn't paid my fees so I felt shamed, and then I came home and got a beating as well. I didn't know what to do to make things better, and that's why I drank from the bottle. He didn't shout at me so much or beat me after that, and he made sure the school fees were paid.'

Jonah concurred with this account: 'After it happened, every time I got angry with him about something I found myself looking at his face to see if he was thinking of doing it again,' he said. 'He threatened to drink poison again during an argument a while later, and neither I nor his mother slept that night: we watched him continuously to check he wasn't doing anything. I kept saying to him, don't think it's necessary to kill yourself – there are always other things you can do when you aren't happy.'

'There was another boy in our lane who went to the bazaar and bought the same kind of poison just two weeks after Ratnam did. It was Ratnam who found his body. I think he'd thought he could drink it as a threat too, like Ratnam had done, but it didn't work in his case, he was dead before they got to the hospital. There were others, too, that year.' Each new death reinforced, for Jonah and his wife, the risk their son was under, and it certainly shaped their behaviour towards him. As well as paying Ratnam's school fees, they also ensured he got the training he wanted, and paid the necessary

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bribes to secure him a job with the police force. 'Now he's well-settled and has what he wanted,' said Jonah, 'so now he's calm.'

## **Case II: Khadeja**

Khadeja, a Sunni Muslim who later converted to Christianity, was diagnosed with leprosy when she was around 13 and, although the only signs of the disease on her body were a couple of discreet patches, her parents were concerned that her marital chances, and those of her siblings, would be negatively affected if word got out. Her father knew a much older man who, although married for several years, had been unable to produce any children with his wife. Offering Khadeja to him as a second wife seemed like a solution for both families: Khadeja might provide the children the couple so far lacked, while at the same time being taken off her parents hands. 'I'm poor,' she remembered her father saying when he took her to the man's house. 'I don't have money for a dowry, and you've been marked with leprosy, which makes it even harder. This is a good man, he's my friend, and he's suffering because he has no children. Marry him and you'll both be happy.'

As it transpired, however, it was not a happy arrangement for any of the parties involved. 'Our husband wasn't rich but had a little land and some savings,' Khadeja said, 'and his first wife was worried that if I bore a son, everything would be directed to him. A son might look after me and his father when he was grown-up, but what would become of her?' Khadeja claimed that when she became pregnant shortly after marriage, the first wife caused the death of her unborn baby by poisoning her food. 'At the start, she would cook and eat after her husband, and I would eat what was left over,' Khadeja explained. 'But when I became pregnant, she started feeding me before her. I thought she was being kind to me, even though she still didn't help me with the other chores – like carrying the water – so after a while I became suspicious. And after a few days, the baby stopped moving inside me. When I went to see the midwife, she asked me whether I had wanted an abortion and if that was why I had taken the medicine to cause it. But I hadn't taken anything, and that's when I realized what she had done. She denied it, but I know what happened.'

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'With the baby already dead inside me, the delivery was also difficult, and the doctor thought I might also die. He wanted to remove my womb to be sure he saved me, but my mother, who had come, refused to let him. She said it would be better for me to be dead than to be alive and barren. What would be the use of that? The doctor was furious with her, but she wouldn't shift.'

She survived, but the tensions between the three parties in the marital home were even worse when she returned from the hospital. 'Our husband fought with his first wife all the time: she accused him of loving me more than her, and I felt bad that I had made both of them so unhappy. Sometimes, after she had been blaming him, he would also lament the fact that he had married two women, would say it had been a mistake. "Perhaps I should send her out," he'd say about me, "or kill myself. But to live like this is not good."'

Khadeja was hurt by this, and said she felt powerless to improve the situation for either of them. That was the immediate background to her first suicide attempt: during a row about her presence, she ran from the house, picked up a can of kerosene and started drinking it. 'I didn't plan it,' she said when I asked her. 'I drank quickly and out of emotion, but as soon as I had done it I felt physically terrible. My throat was burning.' Although her husband and his first wife did not see what was going on, one of their neighbours did. She intervened, made Khadeja drink tamarind water to soothe her pain, and helped her as she vomited back the kerosene. She was ultimately unharmed.

Although her action caused a distraction from the immediate argument, it did not offer a long-term solution, so Khadeja decided to run away and throw herself in front of a train. 'I had drunk kerosene and it hadn't worked, and I had no access to pesticides, so what else could I do? I wanted to die. I took off my jewellery and anything else he had given me, left it all there and went out in a sari my mother had given me. As a Muslim woman I didn't usually leave the house, so I didn't even know where the station was. But I asked directions from another woman, went there, and got down on to the track. The platform came up to my chest, and the train was about to come.'

'But then a leprosy patient on the platform called out that there was a girl on the tracks, and he and several others ran over and pulled me up. I struggled against them but they were stronger than I was. "Didn't you see the train?" they said, and I said, "Yes, I wanted to die!" Then I told them my story: that if I went home to my parents' house

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they would suffer for it, and I would take the blame, but that I couldn't live with my husband and his other wife like that either. So they kept me with them on the station, and then they took me back with them a couple of days later to the leprosy colony they came from. They talked to the Elders about me and said they could arrange my marriage to another patient. I agreed, and that's what happened.'

Her second marriage, however, was also difficult. Ravi was frequently violent towards her, physically and verbally, especially when he had been drinking. 'One time,' she said, 'he had been speaking aggressively to me, using bad language, and it made me weep. I was from a Muslim background, I behaved modestly, and I wasn't used to going out of the house much. But he used to want me to go with him to the cinema, to put his arm around my shoulder, and I didn't like it. When I shied away from him he became very angry, started hitting me, and I didn't know what to do. So, this one time, when he was shouting, using vulgar words against me, I got so upset I just grabbed the kerosene and poured it over me. He grabbed the matches from me, stood back and lit one: "Okay, I'll burn you then!" he shouted, but then he threw the match on the ground and poured a drum of water over my head. "Not in my house," he said. "If that's what you want, do it away from here."' "

Again, she said she had not premeditated her actions – even though they followed a well-worn cultural pattern for women attempting to kill themselves in India – and she had, she said, initially intended to die. 'When I was a second wife, I always used to think that if I could be a man's only wife, I would be much happier. And when I was brought here, I'd said to the Elders, I want to marry someone who will show me love and who will respect my parents. But things were just as bad, so what could I do?' Lots of women who threatened suicide in Bethany, as I explored elsewhere (Staples 2012b), would do so by lifting the kerosene bottle or shaking the matchbox, sometimes – in the immediate absence of the correct props – even mimicking the act of striking a match as a warning about what they might do if pushed any further. So powerful, so widely understood was the imagery that it was usually sufficient to defuse a conflict situation. Calming an inflamed state of affairs with the threat of real fire, however, was a high risk strategy: if the other party was too slow to act or insufficiently moved to want to prevent it, or if the woman concerned got carried along with the momentum of the act, she could – and sometimes did – end up dead. Whether such a death might be classified

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as an accident or a suicide is a moot point: the fact that the women concerned often said that death was a better option than the *status quo* suggests to me that it was something inbetween the two.

Although in Khadeja's case Ravi was still angry at the moment of the kerosene incident, life did start to improve afterwards. He was more wary of upsetting her, and she, as Khadeja phrased it, got better at listening to and understanding her husband and his needs, so there was gradually less conflict between them. She later had two daughters by him and, although he still drank sometimes, he had now calmed down. 'And I've also become bolder,' she said. 'I can fight back now, so I'm not driven to trying to kill myself!'

### **Case III: Arjun and Mariamma**

Arjun and Mariamma had, according to Mariamma's account, fallen in love and conspired to convince their parents to let them marry. Both of them lived in the leprosy colony, both of them were the healthy children of leprosy-affected parents. Her family was agreeable, and although his parents were less so, they eventually conceded that he could marry her in a couple of years when his degree had been completed. According to Arjun's family, however, it was Mariamma rather than Arjun who had been pushing for the marriage: 'He wasn't interested,' Arjun's sister told me, 'but Mariamma phoned, sent letters, and pressed him and pressed him. Finally, she said that if he didn't marry her she would kill herself, so he agreed.'

'We weren't happy about marrying him to her – we'd heard she had a bad reputation in the village, and we wanted Arjun to concentrate on his education – but a meeting was called by her parents, and the Elders were keen that we should announce their engagement. So, under pressure, and once they'd agreed that the wedding could wait until Arjun's studies were complete, we agreed to the match.'

Mariamma, who had already dropped out of school in anticipation of her marriage, went to stay with relatives in the close-by city of Vijayawada. The couple kept in contact by phone while she was away, until one day she called him in tears and said she needed to call off the wedding. 'She said she'd had an illegal connection [ie sexual intercourse] with her brother-in-law,' Arjun's sister told me. 'She was ashamed

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about it, too ashamed now to marry Arjun, so said that she planned to kill herself instead. I went there to meet her and begged her not to go back on the marriage arrangement. We'd had an engagement party for them already, taken photographs and videos – how could we just call the whole thing off? I told Mariamma that her name would be spoiled, that she'd not find another boy in the village willing to take her after what had happened, so she needed to go ahead with the wedding.'

Mariamma was apparently insistent, however, that under the circumstances she could no longer marry Arjun, so, back in the colony, his family called a general body meeting to make a public complaint about her behaviour. 'We had to settle the matter, no?' Arjun's sister went on, 'so we explained that she had had a sexual relationship with another boy, and that's why she wanted to call off the marriage. She was called there too, and admitted what had happened, and Arjun said okay, I don't want to marry her anyway.' The Elders, she said, had recommended they wait until things had calmed down: "Don't worry," they said, "no one is married yet, just keep the matter pending for sometime".' According to Mariamma, however – who didn't allude to her relationship with another boy when I interviewed her – the meeting was humiliating. 'The Elders used vulgar words against me in public,' she said, 'Arjun's family was rude about me, and my parents – after the meeting – also blamed me for everything that had happened. They said I'd stopped my education unnecessarily, and had spoiled my own life. I was very upset. What could I do?'

'After the meeting I went back to the house, went to the cabinet and took all the tablets I could find – leprosy medicines, pain killers, anything that was there. My parents were upset, and I thought it would be better for everyone if I was dead.'

After taking the medicines, she fell asleep, waking up a while later feeling sick and finding it hard to breathe. 'I couldn't open my eyes properly and it felt like there was a weight on my head,' she said, but her parents – who had noticed that the tablets were missing – kept shaking her to remain conscious. 'I vomited, and they saw tablets in my vomit, so they rushed me to the hospital in the next town, where I had my stomach pumped, and was left to rest for five or six days.'

'My parents,' she said, 'were relieved that I had survived, even though they were upset about what had happened over Arjun. And I felt glad that God had saved me, but there had been no other way. It had been my parents' ambition to educate me, and

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they had struggled financially to put me through intermediate. I'd spoiled that chance by falling in love, and now even that option had been spoiled. No-one's ambitions were fulfilled.'

Once Mariamma had taken the pills, her parents' anger was also diverted onto Arjun's family. 'They came and shouted that it was us who had spoiled their daughter's life,' recalled Arjun's sister. 'But Arjun had only ever agreed to marry her in the first place because she'd threatened to kill herself if he didn't, and now look at what had happened! He heard all this, thought he'd be blamed for what had happened to Mariamma and would be made to marry her anyway, so he also went and took tablets!'

Unlike Mariamma, however, Arjun swallowed the tablets dramatically and in public, standing and yelling in the front of his house, and he was soon surrounded by neighbours and family. They forced him to vomit and gave him tamarind water to drink, and then took him on to the hospital to have his stomach pumped. 'If I'd run away,' Arjun said, 'the problem would have remained unresolved. Why should I cause trouble for so many people? If I die, it will only be me who is affected. That's how I felt. If I had given in and married Mariamma, our lives would have been very difficult too.'

## **Discussion**

Although the instances outlined above are not representative of every case I recorded in the community, between them they account for a wide range of the proximate causes attributed to suicide, the methods used and the language used to talk about them. The cases showed in general that young people, boys in particular, engaged in suicidal behaviour when reality failed to meet their expectations: when their parents failed to finance the training courses of their desires, for example, or even, in one case, when a boy's parents refused to buy him a mobile phone. Older men were more likely to attempt suicide in response to unsurmountable debt (see, eg, Jeromi 2007; Mohanty 2005): there were only a few cases in the village but many reported in the local area. Both young men and women attempted suicide in response to failed love affairs, unrequited love or parental opposition to their proposed unions<sup>3</sup>, and women,

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<sup>3</sup> As elsewhere: see, for example, Shanshan Du's account of 'love suicide' among the Lahu (2002).

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especially, threatened to take their own lives in response to acts or threats of what came to be seen as unbearable violence, usually perpetrated by husbands or their mothers-in-law. And while men mostly drank pesticide or, in a few cases, hanged themselves, women were much more likely to use kerosene and the threat of self-immolation. Even relatively unpremeditated acts of suicide, then, appear to conform to social rules; well-worn blueprints that ensure they are understood in particular ways by those left behind<sup>4</sup>. Responses likewise followed established patterns: immediate first aid or preventive action was taken – fingers down throats, tamarind water or buttermilk offered – a rush to the hospital and, if they survived, their alternative desires – what had been framed by those engaging in suicidal behaviours as the *only* acceptable alternative to death – were met.

In this sense, it might be argued that those involved in the vortex of relationships within which suicide acts took place were social *actors* rather than *agents*: persons so constrained in their capacities to respond to social stimuli that they behaved in pre-determined ways. Durkheim's (1970) finding that suicide rates vary very little within any given society – except at times of social upheaval – supports such a perspective on suicide. Although such an analysis usefully exposes suicide as a social rather than a purely individual act, it does not adequately account for the complex relationships involved in an attempt at suicide, and leaves intact the implied split between agency and structure as non-compatible categories. If, however, agency might be broadly understood, as Ahearn defines it, as 'the socioculturally mediated capacity to act' (2001: 112), then we might argue instead that suicide, while it conforms to culturally familiar styles and responds to particular kinds of social problems, is nevertheless always more than a mechanical, unthinking response. In all the cases described here, those involved took particular actions at particular points along the trajectories of their suicide narratives, but although they did not always act entirely deliberately, they always recognised the possibility of more than one outcome, and often tailored their actions, consciously or otherwise, in ways that would increase the likelihood of their aims being met.

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<sup>4</sup> See also Hacking (2002) on how suicide is 'made up' in culturally specific ways, suicide methods even becoming 'symbols of national character' (2002: 112).

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So far, though, there is nothing obviously 'Indian' about the general details of any of this: people everywhere might be said to behave as agents within, more or less, the confines of the social contexts in which they are embedded<sup>5</sup>. Those contexts, of course, will vary cross-culturally. Middle class Western European youth may not consider themselves as constrained in their choices of partner as the South Asian people I worked with so may be less likely to attempt suicide over it, for example, and the threat of suicide may be less effective in persuading a reluctant paramour to marry because it is considered less acceptable as a strategic device than it was among the people I worked with. Despite these differences, however, in both of these broadly defined contexts we might identify relatively bounded, stable social agents behaving in accordance with local logics about suicide. While this is the case, by reading the examples above in relation to the models of South Asian personhood I outlined at the start of this article, some particularities – that *do* suggest my informants conceived of themselves in different ways to, say, Western Europeans – start to emerge.

For one thing, although in all the examples outlined above, as well as the other cases I explored, those concerned behaved as more or less conscious agents, they *also* attributed agency for their actions more widely than their individual selves. Suicide, in common with other actions, was seen not so much as an active decision but as something that happened because of wider causes or the actions of others. I became acutely aware of this general tendency in attributing causality when I was transcribing the recording of life history interviews I conducted, over the course of several weeks, with my research assistant as part of the process of writing his biography (Staples 2011b; 2014). The phrase 'What could I do?' (*nenu emi cheyagalanu?* in Telugu) – usually delivered with a shrug, a wry smile and a throwing up of his hands – was perhaps the most common of all his expressions. The question was clearly rhetorical rather than a reflection on what course of action might now be taken, strongly suggesting instead a perceived lack of personal agency or, at least, the desire to convey that impression. Whether it was accounting for extra-marital affairs with village women, hitting a policeman over the head with an iron bar or gambling his money away at the race track, he spoke of things happening or being done *to* him rather than *by* him as an

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<sup>5</sup> This is, for example, an argument which finds fit with the 'structured action' approach deployed in Scourfield, Fincham, Langer and Shiner (2011).

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agent of change. He was helped in this – as were my other informants – by linguistic categories. In Tamil, his mother tongue, emotions are often expressed intransitively, so rather than saying 'I am afraid', for example, the Tamil 'ennakku payam' literally translates as 'to me there is fear'.<sup>6</sup> Telugu, the language most widely spoken in Andhra, works in a similar way. Although my research assistant had never attempted suicide, having become aware of what I thought was a line designed to change the subject and protect himself from accusations of bad behaviour – which, of course, it also was – I realised that most of those I interviewed who had attempted suicide used the same phrase at some point during their narratives, often repeatedly. People presented themselves as compelled to act by forces beyond the boundaries of their individual selves, and although, as was the case with my research assistant, this may have been a way of *representing* their behaviour rather than a straightforward description of how they understood and experienced it, the very fact that such an explanation has currency suggests a wider cultural acceptance of it.

Elsewhere, there are examples of suicide being read much more explicitly as an act carried out by agents other than the target of the action. Bohannan (1960: 177), for example, is not alone in his collection on *Suicide and homicide in Africa* in reporting informants who always attribute what others would call suicide to witchcraft or possession, re-defining the act as murder<sup>7</sup>. Comparable instances are noted by the other authors in this volume. Beatriz Reyes-Fortes, for example, notes in her chapter that in Yucatan, Mexico, suicide is frequently attributed to demonic power, while Ludek Broz (also this volume) explains that, in Altai, part of the Russian Federation, all death, suicides included, are seen as destiny, suggesting limited personal agency. There were cases I recorded in Bethany, too, where the person who attempted suicide was seen as possessed or, as in the case of Wesley, a boy who hanged himself, 'under the influence of the devil.' The 'evil eye' was also often cited as a cause of particular incidences of

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<sup>6</sup> I am grateful for David Mosse (per. com 1999) for pointing this out during discussions about my original 1999-2000 fieldwork.

<sup>7</sup> Attributing suicide to possession is not particular to non-Western countries: see Lambert and Owens (2012) for an example of how male suicide in England is often attributed, albeit more implicitly, to something akin to possession by the wives of men who kill themselves.

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ill-fortune, manifest through the glances of those suspected of being witches. When my friend's small daughter fell asleep on the back of a rickshaw and fell off, being hit – luckily not fatally – by a motorbike, the cause was attributed neither to the fact that she had fallen asleep nor to the motor cyclist, but to the fact that a particular woman had cast her eye over her as the rickshaw crossed the boundary between the village and the main road into town. Such explanations were not used very commonly to explain suicide attempts – except, it seemed, in instances where a more rationalistic explanation could not be found – but most cases were nevertheless accounted for in relation to the actions of a wider network of people than the individual concerned. The shift in causal explanations away from supernatural agents and on to natural ones might also be read as an indication of the increasing importance afforded to the neo-liberal economy in contemporary India, within which people saw their futures as dependent on successful engagement with the market place.

In Ratnam's case, for example, he said 'I wasn't thinking' when he drank the poison – implying that an unidentified other might have taken hold – and his father and the school principal were both implicated in what had happened. Khadeja likewise used the 'What could I do?' formulation – dispersing agency, and personal responsibility, away from a bounded self – and, in common with the other attempts at self-immolation I encountered, her final suicide attempt might be compared more to a dance – within which both partners have roles to play – than a solo act. While the performative associations of a dance might suggest the performers fulfil the roles of social *actors* rather than *agents*, the capacity in many dances for improvisation – for agentive expression and symbolic activity dispersed between the dancers – renders the metaphor an apt one to work with here. And while I would not wish to detract from the fact that many women's deaths by burning were thought to be murders portrayed as suicide, the fact that acts of self-immolation were seldom carried out privately or pre-meditated and that they usually required the input of both parties involved further mirror performances in which the moves of one dancer respond to those of his or her partner.

Of course, in dispersing agency, in both these cases the suicide attempter is also using the act to attribute responsibility to other persons and to deflect culpability from his or her own action. This is also clear in the third case, of Arjun and Mariamma. She, on the one hand, attempts first to get her own way by threatening she will take her life,

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then, when everything goes wrong, she attempts to detract from her shame by taking tablets. Arjun, too, is active in this particular dance, however. Recognising that he will be blamed for Mariamma's death if her attempt is successful, he counters her action by taking an overdose himself. In this case, more than either of the others explored here, there are deliberative attempts to use suicide threats to affect particular outcomes rather than simply immediate escapes, in a social context where others are commonly blamed for the deaths of others. For example, in another dispute over lovers' plans to marry – shortly before the final denouement in Arjun and Mariamma's case – Krishnamohan, whose daughter told him she had fallen in love with a boy and wanted to marry him, had angrily gone to the boy's house and publicly beaten him in the street. Although at that point Krishnamohan was seen by most as reasonable in his actions – he was simply defending the reputation of his daughter and his family – when the boy drank pesticide after the attack and died, so strong was the opinion that Krishnamohan had been responsible for the death that he was banished from the village. In several other cases, girls had conceded to marriages they had not originally wanted to enter into because their fathers made public threats, or attempts, to commit suicide. My informants were acutely aware of the risk that they might be implicated in the suicide of another person and also, by extension, of the communicative force of threatening suicide themselves. Paradoxically, then, is the very shifting of responsibility for suicide attempts *beyond* those who attempt it – and in so doing displacing, or at least concealing, their own agency – that suicide attempters might simultaneously shore up and exercise agency. The boy who wanted to marry Krishnamohan's daughter might well not have intended to die, but his bold act in drinking the poison nevertheless had powerful implications for Krishnamohan.

While there is evidence that suicide behaviour was shaped by pan-Indian notions of personhood, then – with agency seen as dispersed across the fluid boundaries that exist between people – many of the cases I encountered might also be attributed in some degree to what older people in the village identify as a growing individualism among the younger generation, a trend that might also be associated with Christianity as the dominant faith in the village, even though no-one spoke to me about it in those terms. Ratnam's suicide attempt, for example, came about as a direct response to his personal ambitions not being fulfilled: the same reason offered by most of the boys in the village

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who drank pesticide. They did so, they told me, because their parents – from another generation for whom education was less important – had not found the money for the training courses they wanted to undertake. Such aspirations arose from the convergence of several factors: unlike elsewhere in the immediate neighbourhood, there had been a steady flow of western volunteers passing through the village since the mid-1980s and, because many of their parents went begging to major cosmopolitan cities, a flow of goods and ideas that had yet to penetrate surrounding farming communities quite so thoroughly. A narrative of personal achievement is also consistent with a Christian, Protestant ethic, embodied more in the community's younger generation than in the earlier settlers, who had mostly grown up as Hindus. In several senses, then, Bethany's youth had what were described as very modern aspirations. In common with other Indian communities, however, many of the old certainties – such as the prospect of a government job for life that one might also pass on to one's offspring – were being erased by the process of economic liberalisation that began in 1991. Not only had parents in past generations seen themselves as better placed to help manoeuvre their offspring into such jobs (just as long as they could borrow or accumulate enough money to pay the necessary bribes), but their children were more willing to submit to the careers (and, indeed, marriages) that their parents suggested for them. For many, as it still was for those growing up in the villages around the leprosy colony, that meant subsistence farming on rented or family land. An emphasis on *individual* achievement – which Bethany's younger generation had been embodying almost imperceptibly for most of their lives – was peaking at a time when such achievements were becoming out of reach for all but the most socio-economically well-placed. One of the consequences was an upsurge in the numbers of younger people attempting suicide, acts which, in order to make sense of them within the community, were framed in more familiarly individualistic terms.

Finally, something that also struck me – and I have resisted it until now because it seems to me that such arguments are over-used – was that the suicidal behaviours I witnessed might also be interpreted as a way of forcing something akin to a *rite de passage* to occur. The suicidal act – whatever its intention – creates an immediate hiatus in the *status quo*: a phase analagous to the liminal or transitional phase of van Gennep's *rites de passage* (van Gennep 1977; Turner 1967). He describes this as the period

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betwixt and between states, during which one has left one place or state but has not yet entered or joined the next (and, in many cases, might never do so). In a straightforward sense, the stage between undertaking the initial act and the outcome – often marked by a literal separation from the home to the hospital – might mark the passage between life and death. More commonly, it also marks an interruption between what is perceived as an impossible or unbearable situation and the potential resolution of that situation – whether by death or by action on the part of others. It might mean, as in Ratnam's case, simply paying out for a college course. In cases attributed to love affairs it might unite a couple in cases where one side has been unwilling, or, if it does not, it might at least redistribute the shame of being rejected, as in Mariamma's case. In the case of the battered or wronged wife, like Khadeja, the brandishing of the matchbox or the kerosene bottle likewise results either in the attacker backing off or a wall of flames literally coming between them. In either case, release from a situation characterized by helplessness is affected, and even if death by immolation is more immediately painful than the verbal and physical attacks of one's husband and his family, it is at least more absolute. In Khadeja's final case it marked the beginning of an improvement in relations with her husband; for Ratnam it meant school fees paid and, eventually, a career in the police force; and for Arjun and Mariamma – whose case is perhaps more ambiguous – it resolved both the issue of the girl's humiliation and the blame that would have been placed on the boy. Those who engage in acts of 'death making' (to borrow Chua's term, this volume), although they may not plan their actions ahead of them happening, already embody the knowledge of what such acts can achieve: they can see beyond the immediate ramifications of drinking the poison or threatening to strike the match – even if the potential outcomes are radically different. In that sense, those who engage in such actions are agents. That they do so in situations of desperation where there appear to be no other alternatives suggests that such agency is heavily tempered with social constraint.

### **Concluding remarks**

To end with a question I posed myself earlier in this article: in relation to suicide, does it make sense to think in terms of individual, rather than a more displaced, agency in the

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South Asian context? My answers – rather unhelpfully, but typically anthropologically – are both yes *and* no. Those engaged in suicide in India constitute themselves – and are constituted by others – *both* as individual agents who undertake unilateral acts intended, at the moment they occur, to result in particular outcomes; *and* as dispersed, fluid individuals, where intent and consequences of a suicidal act are situated across a number of social agents – including parents and family members, spirits, and the evil eye. As Busby's (1997) formulation, summarised by Carsten, has it, in India 'persons are both connected through substantive flows *and* complete in themselves' (2004: 128, *my italics*).

This suggests that a fluid notion of personhood is not incompatible, as I was guilty of thinking of it as in first trying to make sense of my ethnographic material, with a more personal notion of agency: an understanding which also enables us to countenance that Western so-called individuals are, beyond the capitalist rhetoric that overshadows their depiction, more dispersed and inter-connected than we caricature them as being. Indeed, in contemporary India there is an apparent paradox in the recognition that, on the one hand, culpability for a suicide is dispersed between multiple agents and away from the suicidal person; and, on the other – precisely because that culpability has been shifted to others – recognition by those attempting suicide that their actions have the power to affect those others in particular ways. Such tension occurs, I would argue, in response to tensions that have arisen in India over the last twenty years on the ground between models of personhood that favour a dispersed, relational agency and 'modern' notions valorising the individual self that have become a possibility of thought as a consequence of the economic liberal reforms that began in earnest in the 1990s. This is not to suggest that 'individualism' will inevitably triumph over 'dividualism' in the South Asian context; modernities, after all, are embraced and shaped in a multiplicity of ways cross-culturally. It is, however, to argue that my interpretation of suicide in India as an expression both of the relational, refracted nature of agency *and* a sometimes individually agentive act – even more so than it is commonly perceived as in the West, because of its power to affect change – is a possibility created by the particular circumstances of this historical moment. Suicide in India – and in most other places too – is an act in which continually changing culturally embodied values *and* individual action come together.

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