THINK PIECES

Ongame molwashoka otse
Reflections on suicide from Swakopmund, Namibia

Jack Boulton

Abstract

A recent national survey by the Ministry for Health and Social Services revealed that Namibia's suicide rate was vastly higher than previously thought. Mirroring global conceptions of mental health and depression, these numbers tend to be 'explained away' using pre-determined 'risk factors' – alcohol consumption, violence, and unemployment. Yet, current theories of suicide do not account for all of its intricacies; indeed, most are rooted in notions of individualism countered by many ethnographies situated in African contexts. This Think Piece problematises the study of suicide in southern African contexts, showing that notions of 'unhappiness', 'depression', and most importantly 'self' are locally specific and, in southern Africa, relational rather than individualistic.

Keywords

suicide, mental health, local knowledge, Swakopmund, Southern Africa

Introduction

In June and July 2016, I was finishing up the largest part of my fieldwork in Swakopmund, a city on the western coast of Namibia. At the same time, researchers at Namibia's Ministry for Health and Social Services (MHSS) were conducting their own fieldwork for what would become one of the largest (if not *the* largest) surveys of suicide prevalence, causes, and precipitating factors to have taken place on the African continent. The results, published in 2018, provided a fascinating – if tragic – insight into the significance of suicide practice in

Namibia. The figures were much higher than previously estimated, with Namibia now appearing to have one of the highest suicide rates in the world.

Yet, the MHSS study was by no means a perfect snapshot, relying heavily on research conducted in Euro-American locales in order to contextualise its results. The definition of 'suicide' used in the study read as follows:

> An act is suicide if a person intentionally brings about his or her own death in circumstances where others do not coerce him or her to the action, except for those cases where death is caused by conditions specifically arranged by the agent for the purpose of bringing about his or her own death. (Afunde 2008, 3–4, quoted in MHSS 2018, 2)

Whilst certainly pragmatic, this definition relies on an understanding of 'self' rooted in Euro-American ideals (Comaroff and Comaroff 2001).

These seeming 'shortcomings' – I use the word with care – are not necessarily due to under-research, as the authors of the report have certainly contextualised their results within current medical and psychological suicide studies. Yet, the vast majority of suicide research, falling under the umbrella term 'suicidology', has been conducted in Western settings (Widger 2015). The topic is relatively untouched in most contemporary African countries; remaining, often, a significant and haunting taboo for both researchers and laypeople alike. As such, the MHSS study is groundbreaking insofar as it shows, at least, that a public dialogue concerning this issue is possible in an African context – particularly one involving medical professionals, state actors, and suicidés.[1] However, current thinking concerning suicide has called for a different tangent; indeed, the conference 'Suicidology's Cultural Turn, and Beyond', reported within these very pages (Cassady 2016), has already attempted to move focus away from 'standard' frames of reference towards a more holistic, culturally specific understanding of this phenomenon.

This Think Piece problematises suicide in southern African contexts, discussing the ways in which the study's findings can be informed by emerging themes in anthropology. Divided into two parts, the first of these concentrates on the wider anthropological literature, particularly themes of 'unhappiness', 'depression', and 'self'. The second half then draws on a few short fieldwork extracts, conducted during my main visit to Swakopmund and thereafter, in order

---

1   The term 'suicidé' refers to both persons with suicidal thoughts and persons who die by suicide (Münster and Broz 2016).

to explore why current approaches to suicidology – despite offering much – might not be entirely suited to the study of this phenomenon in southern African contexts.

Suicide in Namibia

It is certainly not my intention to overly criticise the reasoning, methodology, findings, or analysis of the MHSS study. The study was exceptionally comprehensive; just under 3,500 interviews were conducted across the country with a variety of participants, ranging from healthcare professionals, to traditional leaders, to suicidés themselves. Perhaps the most critical finding was that the suicide rate was much higher than previous World Health Organization (WHO) estimates, which are often based on generalisations made from small studies and relatively small study groups (Mars et al. 2014). The survey, taking its statistics from Namibian Police (NamPol) reports of deaths due to suicide, produced a figure of 22.1/100,000, compared to WHO's estimate of 11.5/100,000 (based on 2015 figures).

Among the most common reasons for suicide given in the report, 'depression' is listed at the top, with 'slightly less than half (41.2 percent) of the respondents not[ing] that the deeper reason for their suicide attempts was depression' (MHSS 2018, 41). As the report states, 'the identified risk factors noted in the literature are therefore relevant for Namibia' (ibid., ix). Writing of northern Uganda and the country's capital Kampala, anthropologist Julia Vorhölter (2019) explains that the category of 'depression' as a way of describing 'unhappiness' is relatively new; a way of medicalising unhappiness as illness. However:

> There is no single idea, meaning, or pursuit of happiness or well-being, but rather […] both are intersubjective and relational and have profound social, cultural, moral, economic, and political dimensions. […] Suffering in other contexts [beyond the West] is primarily seen as a social and intersubjective experience – [such] a clear differentiation of the individual from the social […] may not exist in other contexts. (Vorhölter 2019, 196–197)

Indeed, the local Namibian proverb '*ongame molwashoka otse*' (Oshiwambo tr. 'I am because we are') hints at a different understanding of the organisation of social relationships in contrast to Western Cartesian dualisms of 'self' and 'other'. The individual person is in fact dividual, made through relational processes of conversation and acts; 'a communitarian conception of self' (Mfecane 2018, 296).

Namibia has one of the highest Gini coefficients in the world (CIA 2019), indicating extreme socio-economic inequity. Political scientist Henning Melber (2014) describes a 'struggle mentality' – a reference to struggle for independence – among young men and women in

Namibia. Although the term 'struggle' is frequently used as daily vernacular, for many this is a way of life which is not necessarily always seen in a negative light (Pauli and Dawids 2017). As I have explained elsewhere (Boulton 2019a, 2019b), building and maintaining relationships which can be relied upon for support form the crux of many activities – for example, the selling of small souvenir *makalani* on the street or even washing car windows – in Swakopmund and elsewhere in Namibia. It is interesting to note also that all of the 'triggers' given for suicide practice in this setting are *relational*: romantic relationship/marriage break-up, family problems, financial crises, death of a loved one, and physical/verbal abuse by spouse/partner (MHSS 2018). Whilst these factors are not necessarily unique to Namibia as triggers for suicide, they do indicate the interpersonal nature of both happiness and conversely, when these things go wrong, suicide.

Yet, the view of suicide espoused by the Namibian government's report is firmly entrenched in what seems to be a highly Euro-American understanding of what suicide actually is – something that sits rather incongruently when considering that 79 percent of global suicides take place outside of Europe and North America. Of particular note is the study's adherence to a highly 'individualistic' approach to understanding suicide, defining it as an individual pathology. As Marilyn Strathern (2016, 207) phrases it, from this perspective, agency remains firmly with the individual, with the suicidé acting as an 'intentional and causal agent' – one with 'wilful intent, full consciousness and unambiguous authorship' (Münster and Broz 2016, 3) of their own death. Discussing suicide in Bushbuckbridge, South Africa, anthropologist Isak Niehaus (2012) criticises the individualist perspective for its assumption of equality – its apparent disregard for issues related to gender, class, or race – pointing instead to the usefulness of Bourdieu's habitus in understanding suicide.

The notions of individuality that form the basis for many studies of suicide are countered in southern African contexts. Pointing to the social production of the self among the Tswana peoples of South Africa, John Comaroff and Jean Comaroff (2001, 268) indicate that the multiple, alternative modernities that have formed in African contexts have also given rise to 'very different notions of selfhood, civility, and publicity'. In that sense, the trope of the autonomous person – the one that most contemporary theories of suicide are based on – is 'a Eurocentric idea. And a profoundly parochial, particularistic one at that' (ibid., 267). Indeed, anthropologist Steven Van Wolputte (2004) describes how, for the Himba/Herero in northwest Namibia, an individual's 'selfhood' also includes both animals (specifically cattle) and ancestors. Anthropologist Michael Lambek (2016a), meanwhile, invites us to understand the ways that, for the Sakalava of Madagascar, history can be embodied by persons in the present – meaning that the dead and living can be contemporaries.

Suicide practice in African contexts may *appear* to follow Western ontological ideas (Wexler and Gone 2016), and indeed it is clearly possible to measure and quantify them in such a way. Yet, these methods are not wholly appropriate: African conceptions of self disrupt what anthropologist Sakhumzi Mfecane (2018, 294) describes as 'Western visual ontologies […] which privilege sight over other modes of knowing the world'. These ways of thinking infer that conceptions of 'self' are performative, constructed through the actions that people enact, visible social acts in front of others which build the sense of self (cf. Butler 1988). Whilst these forms of self-formation clearly involve others, they do not incorporate supernatural elements which, in many African contexts, are seen as being highly influential in a person's conception of self and subsequent action by that person; 'witches, ancestral spirits, and other evil forces exist in the social environment that human beings inhabit – and inside human bodies – and can influence the outcomes of human action' (Mfecane 2018, 295). In that sense, the concept of 'suicide' – i.e., the killing of one's *self* – is automatically problematised. If the African self is composed not only of a physical body but also of living relations and dead ancestors, then the questions of who exactly dies, and who does the killing, remain open.

Swakopmund

The capital of Namibia's Erongo region, Swakopmund has a population of circa 60,000. Last year, national press reported a significantly high suicide rate for this region: for 1 January – 31 March 2018, the national newspaper *The Namibian* gave a cumulative figure of forty-eight (31.9/100,000), whilst for 1 April – 30 September 2018 the figure of 63/100,000 was reported by the *Namibian Sun* newspaper (Kahiurika 2018; *Namibian Sun* 2018). Like the figures given in the MHSS study, these are based on police reports and given by NamPol (see table 1 for historical figures). These figures have only been reported in the press since the publication of the MHSS study. Mirroring global trends, the majority of *completed* suicides were by men with the majority of *attempts* by women.

Year	Rate per 100,000 (M/W combined)	% Men	% Women
2011	17	84.4	15.6
2012	19	87.2	12.8
2013	25	84.9	15.1
2014	21	82.7	17.3
2015	19	85.2	14.8

Table 1. Suicide mortality for Erongo region 2011–2015 (source: MHSS 2018)

Although anthropologists Jesper Bjarnesen (2019) and Mattia Fumanti (2016) call for more nuanced accounts of young men's lives in African contexts, in Namibian public dialogues this demographic is still frequently spoken of in negative terms – for example, in connection to violence (particularly domestic violence), promiscuity, or excessive alcohol consumption – with little account for the construction of these kinds of masculinities in reference to colonial history (Edwards-Jauch 2016). Anthropologist Megan Vaughan (2012) also notices a tendency within scientific discourse – particularly concerning suicide research in neighbouring South Africa – to causally link these negative vectors to suicide; a perceived preponderance of violence among young black men is seen as being responsible for a higher incidence of suicide. This can be seen mirrored in the MHSS study which, as part of its line of questioning for suicidés, asks about 'behaviour as a teenager and current behaviour of respondents associated with violence and intimidation, harm [and] ability to control oneself' (MHSS 2018, 23); the results indicate a particularly high correlation with these behaviours for men. Yet, this risks reproducing models of suicide which, as Vaughan (2012) points out, are legacies of racist thinking that deny agency to these men, removing meaning from their suicides.

Swakopmund's economy is based largely around tourism and uranium mining, two industries which are hardly known for their year-round stability. Although things are slowly changing, the city remains highly divided along former colonial lines, with those divisions being visible geographically (i.e., town and township) and economically, with a stark contrast between rich and poor running almost parallel to notions of 'race'. Despite the precarious nature of Swakopmund's economy, the city also sees a high level of migration, both from within Namibia and indeed also from several other African countries, for example Zimbabwe, the Democratic Republic of Congo, Malawi, Angola, and Kenya. In many cases, people come in pursuit of money or a better life or to escape from things 'back home'. Sometimes this desire is fulfilled; sometimes, sadly not. During my most recent return visit, I also became aware through my fieldwork participants of rumours of a high level of *suicide migration* – that is, people travelling from the surrounding areas to both live out their final days and, eventually, die by their own hand. When I asked why that might be, my friend (a thirty-six-year-old Namibian Kavango man) replied:

> The crocodile is more powerful in the water. When it is not in the water, it has less energy. But a man, he is not just the body. [...] The body and the soul, they come together to form the living man. A man has two faces, do you follow? The body and the spirit. And the demon, well, he will not work on the body… (Field interview, Swakopmund, 14 July 2018)

He was not speaking of crocodiles in a literal sense; there are no crocodiles in the Atlantic Ocean. He is making reference to Swakopmund's coastal location, whilst also talking of the

multiple elements that constitute the (African) person as discussed above. My friend's highly symbolic language also makes reference to witchcraft, with witches sometimes being understood as disguising themselves as animals (Niehaus 1995), in this case, a crocodile. Seawater itself is also ambiguous, being both the location of harmful demons yet also offering protection against those same spirits (Fumanti 2016).

As cultural psychologist Theodore Bartholomew (2017) explains, indigenous and vernacular ways of explaining disorders or illness were among the many knowledge forms to be repressed by the colonial state. One example is *eemwengu* – a form of madness believed to be a curse by witches that may take several years to manifest, and one which may lead to eventual suicide. Yet, whilst witchcraft was rarely spoken about in daily life during my fieldwork, asking direct questions from the right people – and particularly those with which I had established long-term relationships – would usually elicit comprehensive answers. Although not spoken about much in day-to-day life, from time to time there would also be references which made its existence clear. I was sometimes told, for example, not to pick up objects from the street in case they had been placed there by *sangomas* (isiZulu tr. 'healers'), or witches. In Swakopmund, also, this kind of knowledge remains racialised; even if it is black Namibian doctors practising medicine at the local hospitals, among the men that I worked with, needles and tablets were sometimes feared because of their association with 'white' Western medicine and plant tinctures and herbal remedies were preferred – a legacy, again, of the colonial past so strongly visible in this city.

Eemwengu is based in Owambo culture, and I discussed this with the young men that I worked with in Swakopmund. It involves, I am told, a gradual disassociation with others which will probably not be noticed by even those closest to the *omunanamwengu* (Oshiwambo tr. 'the mad one'). It is described as 'social death' by Fumanti (2018); according to my participants, outwardly a person will appear to be 'normal' until the onset of extreme symptoms, and only the sufferer will know of their condition. If a person is afflicted with eemwengu then that person must visit an *ondudu* (Oshiwambo tr. 'healer'; also *odudu*) in order to seek a cure (see also Bartholomew and Gentz 2019). Yet, eemwengu is a process of becoming 'other' (Fumanti 2018), of not being part of a 'normal' social or ethnic group; as such, discussing this affliction in terms other than those of eemwengu itself (for example, by visiting a psychologist or psychiatrist) can have the effect, for some, of aggravating the sickness, thereby speeding up its potential end point. Many mental health practitioners, whilst being fully versed in contemporary psychological and psychiatric theory and practice, are not so knowledgeable when it comes to more locally specific disorders; conversely, visiting an ondudu can be relatively expensive, and many local healers are seen as fraudulent – taking large amounts of money with no 'cure' apparent.

I am not insinuating that all suicidés are suffering from eemwengu; indeed, Bartholomew (2017) also indicates that eemwengu offers only a partial explanation for suicide practice. Yet, whilst the MHSS report indicates that Namibian people do not like talking about witchcraft or death, in Swakopmund conversations about these topics were never very far away, with several men that I knew being quick to state that they did not fear dying. As Lambek (2016b, 629–630) describes, 'every human being faces death, living in the knowledge (and usually the experience) of the death of others and the impending death of the self. Death is a certainty in life, ostensibly the opposite of life but also its very condition'. To refer back to Mfecane (2018), if we interpret this through a 'visual ontology' then I am reinforcing a stereotype of the fearless, perhaps violent, African man; yet, that also ignores the role of the supernatural and specific connections with a person's ancestors and with the dead. Indeed, as anthropologist David Crandall (1996) explicates for the Himba of northwest Namibia, conversations with the dead form an ever-present part of life, with ancestors being spoken to through the *okuruwo* (Otjiherero tr. 'ancestral fires') burning in each homestead.

In that sense, there is something missing from public health and preventional dialogues concerning suicide in southern African contexts: the unmeasurable, the unquantifiable, the *supernatural*. Indeed, whilst Western conceptions of suicide have certainly been useful in measuring suicide and understanding it to a certain extent, several researchers in this domain have already called for more holistic understandings and particularly research which considers both phenomenological and ethnographic methods (Chandler 2019; Hjelmeland 2016; Wexler and Gone 2016; White et al. 2016).

Yet, the study of suicide in this anthropological manner – with awareness of how and particularly where different knowledge systems have arisen, and also how they spread – highlights other important issues. Firstly, this perspective suggests that psychological models for understanding the human mind are not necessarily transferable across culture or geography and as such should be provincialised. Rather than circulating the newest or the most popular models for particular disorders – diagnosing according to textbook – these concepts should be framed in locally specific terms, working from the ground up in order to create new models with the capacity to inform existing ones.

An important effect of the MHSS study is the breaking of an apparent taboo concerning suicide and the subsequent (hopeful) creation of an open dialogue between all of the actors involved – from the suicidés themselves right up to the higher echelons of the Namibian state. However, whilst global health researchers continue to talk about suicide in solely medicalised terms, the facilitation of conversation beyond medical practitioners remains difficult, particularly with those who may not wish to be incorporated into global mental health narratives. In Namibian contexts, as I have indicated here, psychiatric and psychological

dialogues about mental health issues and suicide have the capacity to make things worse for those living with these conditions. For success, discussion of mental health in African settings, and even beyond those locales, should start from the ground up – taking locally specific understandings as a starting point and incorporating models created in other locales only when and if they are appropriate.

Acknowledgements

About the author

Jack Boulton is Associate Researcher at the Institute for Anthropological Research in Africa (IARA) at the University of Leuven, Belgium. His research concerns masculinities, men's subjectivities, and intimacy in Namibia, and he has published in *Etnofoor*, *Journal of Namibian Studies*, and *African Diaspora*. He is also Editor-in-Chief at *Stimulus Respond* and Editorial Assistant at *African Diaspora*. His book, *Have Your Yellowcake and Eat It: Men, Relatedness and Intimacy in Swakopmund, Namibia*, is due in 2021 from Basler Afrika Bibliographien.

References

Afunde, Werner Simanekeni. 2008. *Absurdity and Morality of Suicide in Namibia: An Ethical Reflection in the Light of Catholic Moral Tradition*. Windhoek: John Meinert Printing.

Bartholomew, Theodore T. 2017. 'Madness (Eemwengu) and its Sources: Conceptualizing Mental Illness in Namibian Ovambo Culture'. *Journal of Cross-Cultural Psychology* 48 (3): 421–437. https://doi.org/10.1177/0022022117692676.

Bartholomew, Theodore T., and Shelene G. Gentz. 2019. '"How Can We Help You": Mental Health Practitioners' Experiences of Service Provision in Northern Namibia'. *Culture, Medicine, and Psychiatry* 43: 496–518. https://doi.org/10.1007/s11013-019-09633-w.

Bjarnesen, Jesper. 2019. 'Dehumanised African Masculinity Feeds Dystopian Projections of the Continent'. *Africa at LSE*, 23 October. https://blogs.lse.ac.uk/africaatlse/2019/10/23/dehumanised-african-masculinity-youth.

Boulton, Jack. 2019a. 'To Beg, or to Pray: Makalani and the "Zula Economy" in Swakopmund'. *Journal of Namibian Studies* 25: 7–29.

Boulton, Jack. 2019b. '"I Only Relax with my Friend and my Wife": Between Friends and Family in Swakopmund, Namibia'. *Etnofoor* 31 (1): 85–98.

Butler, Judith. 1988. 'Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory'. *Theatre Journal* 40 (4): 519–531. http://doi.org/10.2307/3207893.

Cassady, C. M. 2016. 'Exploring and Articulating a Critical Suicidology: "Suicidology's Cultural Turn, and Beyond"'. *Medicine Anthropology Theory*, 26 July. http://www.medanthrotheory.org/read/6335/critical-suicidology.

CIA. 2019. 'Distribution of Family Income – Gini Index'. https://www.cia.gov/library/publications/the-world-factbook/rankorder/2172rank.html.

Chandler, Amy. 2019. 'Boys don't Cry? Critical Phenomenology, Self-harm and Suicide'. *The Sociological Review* 67 (6): 1350–1366. https://doi.org/10.1177/0038026119854863.

Comaroff, John L., and Jean Comaroff. 2001. 'On Personhood: An Anthropological Perspective from Africa'. *Social Identities* 7 (2): 267–283. https://doi.org/10.1080/13504630120065310.

Crandall, David P. 1996. 'Female over Male or Left over Right: Solving a Classificatory Puzzle among the Ovahimba'. *Africa: Journal of the International African Institute* 66 (3): 327–348. https://doi.org/10.2307/1160956.

Edwards-Jauch, Lucy. 2016. 'Gender-Based Violence and Masculinity in Namibia: a Structuralist Framing of the Debate'. *Journal for Studies in Humanities and Social Sciences* 5 (1): 1–14.

Fumanti, Mattia. 2016. *The Politics of Distinction: African Elites from Colonialism to Liberation in a Namibian Frontier Town*. Canon Pyon: Sean Kingston Publishing.

Fumanti, Mattia. 2018. 'Conjuring Madness: Self/Non Self and Mental Illness in Post-Apartheid Namibia. *Somatosphere,* 6 April. http://somatosphere.net/2018/conjuring-madness.html.

Hjelmeland, Heidi. 2016. 'A Critical Look at Current Suicide Research'. In *Critical Suicidology: Transforming Suicide Research and Prevention in the 21st Century*, edited by Jennifer White, Ian Marsh, Michael J. Kral, and Jonathan Morris, 31–55. Vancouver: University of British Columbia Press.

Kahiurika, Ndanki. 2018. 'Erongo Records Highest Suicide Rate'. *The Namibian*, 12 September. https://www.namibian.com.na/181306/archive-read/Erongo-records-highest-suicide-rate.

Lambek, Michael. 2016a. 'On Being Present to History: Historicity and Brigand Spirits in Madagascar'. *HAU: Journal of Ethnographic Theory* 6 (1): 317–341. https://doi.org/10.14318/hau6.1.018.

Lambek, Michael. 2016b. 'After Life'. In *Living and Dying in the Contemporary World: A Compendium*, edited by Veena Das and Clara Han, 629–647. Oakland: University of California Press.

Mars, Becky, Stephanie Burrows, Heidi Hjelmeland, and David Gunnell. 2014. 'Suicidal Behaviour Across the African Continent: a Review of the Literature'. *BMC Public Health* 14: 606.

Melber, Henning. 2014. *Understanding Namibia*. London: Hurst.

Mfecane, Sakhumzi. 2018. 'Towards African-centred Theories of Masculinity'. *Social Dynamics* 44 (2): 291–305. https://doi.org/10.1080/02553952.2018.1481683.

MHSS. 2018. *National Study on the Prevalence of and Interventions in Relation to Suicide in Namibia*. Windhoek: Ministry of Health and Social Services.

Münster, Daniel, and Ludek Broz. 2016. 'The Anthropology of Suicide: Ethnography and the Tension of Agency'. In *In Suicide and Agency: Anthropological Perspectives on Self-Destruction, Personhood, and Power*, edited by Ludek Broz and Daniel Münster, 3–26. London: Routledge.

Namibian Sun. 2018. 'One Suicide Each Day in Namibia'. 29 October. https://www.namibiansun.com/news/one-suicide-each-day-in-namibia2018-10-29.

Niehaus, Isak. 1995. 'Witches of the Transvaal Lowveld and their Familiars: Conceptions of Duality, Power and Desire'. *Cahiers d'Études Africaines* 35 (138–139): 513–540.

Niehaus, Isak. 2012. 'Gendered Endings: Narratives of Male and Female Suicides in the South African Lowveld'. *Culture, Medicine, and Psychiatry* 36 (2): 327–347. https://doi.org/10.1007/s11013-012-9258-y.

Pauli, Julia, and Francois Dawids. 2017. 'The Struggle for Marriage: Elite and Nonelite Weddings in Rural Namibia'. *Anthropology Southern Africa* 40 (1): 15–28. https://doi.org/10.1080/23323256.2016.1237296.

Strathern, Marilyn. 2016. 'Taking Relationality to Extremes'. In *Suicide and Agency: Anthropological Perspectives on Self-Destruction, Personhood, and Power*, edited by Ludek Broz and Daniel Münster, 205–212. London: Routledge.

Van Wolputte, Steven. 2004. 'Hang on to Your Self: Of Bodies, Embodiment and Selves'. *Annual Review of Anthropology* 33: 251–269. https://doi.org/10.1146/annurev.anthro.33.070203.143749.

Vaughan, Meghan. 2012. 'The Discovery of Suicide in Eastern and Southern Africa'. *African Studies* 71 (2): 234–250. https://doi.org/10.1080/00020184.2012.702967.

Vorhölter, Julia. 2019. 'Struggling to Be a "Happy Self"? Psychotherapy and the Medicalization of Unhappiness in Uganda'. *Current Anthropology* 60 (2): 194–223. https://doi.org/10.1086/702337.

Wexler, Lisa M., and Joseph P. Gone. 2016. 'Exploring Possibilities for Indigenous Suicide Prevention: Responding to Cultural Understandings and Practice'. In *Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century,* edited by

Jennifer White, Ian Marsh, Michael J. Kral, and Jonathon Morris, 56–70. Vancouver: University of British Columbia Press.

White, Jennifer, Ian Marsh, Michael J. Kral, and Jonathon Morris. 2016. 'Rethinking Suicide'. In *Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century*, edited by Jennifer White, Ian Marsh, Michael J. Kral, and Jonathon Morris, 1–11. Vancouver: University of British Columbia Press.

Widger, Sam. 2015. *Suicide in Sri Lanka: The Anthropology of an Epidemic.* London: Routledge.