

*Sorrows of a Century*

John C. Weaver

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Reviewed by Warwick Brunton

Canadian academic John Weaver lets the light into a dark and sad corner of our past with an interpretation of suicide in New Zealand in the twentieth century. This landmark history is based upon a data set drawn from 25,000 coronial inquests into suicide that form part of a unique, centralised and virtually intact collection of files at Archives New Zealand. A thorough search of these files has yielded a more reliable total than that indicated by official reports, which were susceptible to compassionate under-counting for much of the century. The book will be of interest to social and health historians, demographers, sociologists, people in the caring professions, and community builders, and those who shape health policy.

As "keyholes" to the past, nearly half of the inquest files have yielded intensely personal information about hundreds of illustrative cases. These complement the well ordered tables and graphs. Diverse illustrations underpin the poignancy. The book makes for compelling reading. Testimonies of human suffering and the overwhelming circumstances that led each person to take his or her life, however, are not easy to absorb. Even the author found there were limits to his stamina.

This study can be likened to a kaleidoscope. Numbers and narratives form the moving objects. Social, economic, cultural and technological changes are the mirrors to the erosion of hope. The centring disc of thematically arranged chapters can be turned to focus on various motives. Personal relationships, work related and financial issues, major economic cycles, economic deregulation, physical illness or disability, war trauma, mental illnesses, youth suicides, and the role of impulse and reason in decision-making are all explored in this way. The book shows the impact of a host of variables, including ethnicity and identity, individual autonomy, paid work and aging. Changing attitudes towards roles within families, marriage, sexual relationships, drugs, alcohol and substance abuse, welfare beneficiaries, domestic violence, tattoos, self-euthanasia, modern youth sub-culture, and religious beliefs are also addressed.

The kaleidoscopic images are very complex. "Uniqueness undermines theory," the author declares at one point; "non-conformity, unexpected mental processes and fears, and the intrusion of momentous historical events" overthrow expectations for tidiness," he says elsewhere. The shifting images also make it impossible for Professor Weaver to find static characterisations of suicidal persons. Rather, suicide decisions must be evaluated at the individual and situational level. Likewise, the interactions of troubles, thought processes and the cultural conditioning of a particular era are unique. Such an approach makes the author wary of the "pseudo-science" of suicide theory and is unlikely to endear him to its proponents within the social and psychological sciences. Similarly, while he acknowledges the compassion and energy of health professionals who work alongside potentially suicidal people, their families and friends, the author's label of the 'therapy industry' is ill-chosen. The unfortunate term may needlessly upset dedicated and skilled staff in a difficult and complex field of work.

A topic like this warrants a contextual chapter to review historic Judaeo-Christian attitudes towards suicide and attempted suicide and the way these were incorporated into imperial and New Zealand law. The reader only finds the origin of the term "committing suicide" in an

appendix. Background information on the evolution, role, functioning and powers of coronial courts would also have been helpful. Some understanding of traditional Maori attitudes towards suicide would also have been helpful.

This book rightly downplays a simplistic association between mental illnesses and suicide in spite of the prominence of this leading motive throughout the century. Weaver carefully examines fads of particular diagnoses like mental depression, schizophrenia or reactive depression and the growing recognition of emotional factors in recent times. There is a good discussion of the way separate specialised services arose to treat psychoneuroses during and after World War I. Exploration of the niche market offered by some licensed private hospitals after World War II breaks new ground. Such private sector initiatives might usefully have been placed alongside the national significance of Ashburn Hall since 1882. The evolution of public sector institutional services is also traced from their heyday to the turbulent 1980s and 1990s. Relentless waves of organisational and management change left the health system “scrambling ceaselessly to adapt” to service changes necessitated by the widespread rundown and closure of institutions. The chapter misleadingly links the establishment of acute psychiatric services in regional general hospitals to the rundown of institutional services, whereas the pattern started several decades before. Weaver is sympathetic to the part played by general practitioners (who can be expected to pick up more of the load of mental health care under current policy), but a stronger case would have been made had he appraised the training of medical students in clinical and medico-legal aspects of psychiatry. Generations of doctors could have attested to the very limited training they received. New Zealand doctors of an older generation were left with abiding memories of a recreational trip to Seacliff Hospital, the presentation of the most floridly psychotic and notorious patients, and the prompt to leave care to the experts.

As the book progresses, the reader is drawn inevitably to consider questions that surrounded the end of century (and continuing) controversy about voluntary or medically assisted suicide and youth suicide. Weaver assists our understanding of the latter problem by breaking it down into appropriate age categories. Two chapters look closely at the panic about youth suicide clusters and the strong media attention they received as the country grappled with the downside of neoliberal economic policies, particularly upon young people, Maori, rural and small town New Zealand in the 1980s and beyond. The book offers insights into professional and bureaucratic manoeuvres to claim territory over suicide prevention policy. The author also suggests that the panic helped turn the spotlight on suicide research for the first time as pre- and adolescent and young adult suicides replaced the elderly as the age group at greatest risk. He claims that the statistical and remote nature of suicide research suited and protected medical professionals who did not want a spotlight turned on therapies and their effectiveness.

My own background in history and public health administration inevitably drew me to the last chapter, which discusses the potential contribution of the research. As a firm believer in the importance of applied history in health policy development, I was heartened by the likely impact that social security and labour laws made in reducing the suicide rate of older men. I was equally buoyed by the conclusion that a lot of suicides were an indictment of culture, society and the economy and that these might serve as a timely reminder to look beyond the customary parameters of suicide prevention - personal crisis intervention and measures that deny access to lethal means. Perhaps the standard classification of prevention would have been helpful here. Primary prevention involves risk reduction. Secondary prevention involves early detection of risk. Tertiary prevention aims to avoid the recurrence of suicidality.

By finishing the study at the year 2000, this book ought to prick the nation's political, bureaucratic and social conscience. Modern public health models invite policy-makers to concentrate on upstream and intersectoral primary prevention approaches. That is consistent with Weaver's notion of deep prevention. Thus, policies and programmes that support meaningful work, quality parenting, far reaching education and accessible cradle to grave health care support fit well as primary prevention. Professor Weaver, however, makes no recommendations. Nor does he endorse specific preventive policies. In his eyes, they are utopian and he considers that the past suggests that future forms of distress are unpredictable.

Yet the neoliberal changes of the past 30 years are destined to be our present and foreseeable future. By saying Amen to society's need to provide hope, employment opportunities and a sense of balance, Professor Weaver may just be hinting at a modicum of faith in healthy public policy that is shared by advocates for public health. Engaging in such an important public policy process and social investment, to use the current buzzword, requires clear political leadership and a more positive approach to the role of government in society than is currently fashionable.