IN THE EXTENSIVE LITERATURE on the history of suicide, the societies of the African continent barely feature, except in brief discussions of folk beliefs and practices. A simple explanation for the relative lack of attention given to this issue is that historically African societies have been assumed to have very low rates of suicide. But that assumption itself needs historicizing. The statistical evidence for suicide in most African countries is extremely weak, and longitudinal data is almost nonexistent, so while there are reasons to suggest the need for a reevaluation of suicide rates in Africa, it is not currently possible to provide one. However, the intellectual history of suicide in Africa can shed light on the issue, as can some evidence from the British colony of Nyasaland (now Malawi) in the late colonial period.

In contemporary southern and eastern Africa, concerns over apparently rising suicide rates are being expressed both by mental health professionals and in the popular press. It is tempting to argue that these parts of Africa are experiencing the equivalent of the intensification of anxiety about suicide that surfaced periodically in early modern and nineteenth-century Europe—a kind of “moral panic.”

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2 Georges Minois, History of Suicide: Voluntary Death in Western Culture, trans. Lydia G. Cochrane (Baltimore, 1999); MacDonald and Murphy, Sleepless Souls. On the debate about industrialization and suicide rates in nineteenth-century England, see Olive Anderson, “Did Suicide Increase with Indus-
early-eighteenth-century discussions of the “English malady,” so in many of these recent reports on eastern and southern Africa suicide is represented as a symptom of a wider social and moral crisis, as a challenge to “traditional” values, a sign of the “anomie” consequent on modernization.

Psychiatry professionals in eastern and southern Africa are often quoted in the press as stating unequivocally that suicide rates are on the increase, but their publications in professional journals are generally cautious and point to the grave limitations of the data available to them. Establishing current suicide rates is extremely difficult for most parts of the region, gaining access to reliable longitudinal data even more so. But professional interest in the issue is undoubtedly increasing. This is particularly noticeable in the case of South Africa.

Studies of suicide in contemporary South Africa benefit from both a system of data collection that has vastly improved in recent years and a small but important literature on the history of suicide in that country. Even so, there are large discrepancies in reported rates. Although suicide rates remain highest for the “white” population, there is general agreement in the South African literature that statistics from the apartheid period were particularly unreliable for mortality in the “black” population and almost certainly underestimated the rate of suicide in that group. There is also general agreement that the suicide rate among young black men is increasing.

In general, the press reports on suicide in South Africa reflect wider concerns over developments in the country since the ending of apartheid and anxiety over high rates of violence. This is not to deny that suicide rates may be increasing among some communities in South Africa—the available evidence suggests that they are—but it is simply to point to the way in which this issue is being framed and discussed publicly.
Although there is a genealogy of colonial thinking underlying analyses of suicide in Africa, it would be oversimplifying to argue that these issues are confined to questions of “race.” Arguments around the interpretation of suicide are complex, and form part of a much more extensive intellectual history. Suicide can be interpreted as a supreme act of will and defiance or as a fatal gesture of despair, as a mark of the autonomy of the self or as evidence of the subjection of the individual to forces beyond his or her control. In modern times, and particularly since the publication of Emile Durkheim’s Suicide, it has been the subject of sociological analysis, supported by the collection of social statistics. At the same time, the development of modern psychiatry has contributed to a “medicalization” of suicide and characterizations of the suicidal mind as sick, despairing, or overwhelmed by inverted anger, depending on theoretical orientation. Meanwhile, some historical and cross-cultural analyses call into question the status of suicide as a single category of analysis. But there is a specific trajectory to thinking about suicide in Africa.

The current interest in the subject of suicide in southern and eastern Africa is all the more striking when viewed against a longer history of colonial thinking on what came to be known as the “African mind.” In both professional and lay colonial writing on African psychology, “Africans” were generally held to be a happy-go-lucky “race” of people with few cares in the world, and what cares they had were likely to attribute to the actions of others, via the medium of witchcraft or the intervention of spirits, rather than to their own actions. African people, it was argued, did not suffer from introspection and guilt, and so one rarely encountered depressive illness among them. And since suicide was linked to depression in this literature, rather than to aggression, it followed from this that they rarely killed themselves. This was less a theory than a discourse, but it has had a long and vigorous life. The political utility


10 John T. Maltsberger and Mark J. Goldblatt, eds., Essential Papers on Suicide (New York, 1996).

11 Such questions are raised in relation to the honor suicide of the Japanese tradition, but have a wider application. To what extent should politically motivated acts of reckless heroism be defined as suicide, and when should suicide be seen as an act of resistance or an act of submission? The cross-cultural literature is vast. An early and insightful review of the cross-cultural study of suicide and the theoretical issues implied is Arthur E. Hippler, “Fusion and Frustration: Dimensions in the Cross-Cultural Ethnopsychology of Suicide,” American Anthropologist 71 (1969): 1074–1087. A fascinating study of suicide and nationalist sentiment is Perez, To Die in Cuba. On “revolutionary suicide” in Russia, see Morrissey, Suicide and the Body Politic in Imperial Russia; on “suicide as resistance” in China, see Sing Lee and Arthur Kleinman, “Suicide as Resistance in Chinese Society,” in Elizabeth J. Perry and Mark Seldon, eds., Chinese Society: Change, Conflict and Resistance (London, 2000), 221–240. On the relationship between suicide and sacrifice in the Western tradition, see Minois, History of Suicide.


13 The most famous proponent of these views was J. C. Carothers, who argued that Africans were essentially tribal people with collective identities who had not yet evolved a clear sense of the individual and of individual responsibility. Carothers was employed by the late colonial administration in Kenya.
of these ideas in the context of colonialism is clear. Africans were not fully formed individuals, and were incapable of taking responsibility for their own actions. Their fears and anxieties were externalized, their own misdeeds and harmful thoughts projected onto others. Unfamiliar with the experience of guilt, lacking the internal world of introspection, they rarely fell into anything approaching suicidal despair.14

In 1967 Raymond Prince published a review of the literature on depressive illness in Africa, dating back to 1895. He pointed out the biases in reporting during the colonial period and argued tentatively (and maybe even slightly tongue-in-cheek) that the political changes of independence were likely to bring about both a greater willingness on the part of a new generation of African psychiatry professionals to label certain states “depression,” and a real increase in rates of depressive illness: “I believe that we can look forward to seeing increasing numbers of depressions in Africa and no doubt even depressions with a prominent component of guilt and self-deprecation.”15

It is relatively easy to dissect and dismiss the biases of the “colonial mind” on the subject of depressive illness in Africa, but as Prince implied, there are some enduring theoretical and methodological questions concerning the cross-cultural definition and diagnosis of depressive illness, which continue to occupy mental health practitioners and researchers.16 Even if one concludes that depressive illness has been under-diagnosed in Africa, one should be aware of the dangers of extending the “empire of depression.”17

Studies of suicide in the colonial period were for the most part simple extensions of the argument about the rarity of “real” depressive illness in African subjects. The very low rates of suicide quoted by these studies were, as Henri Collomb and René Collignon pointed out in their review of the literature, highly questionable.18 In reviewing the evidence for the place of suicide in African cultural models and value systems, Collomb and Collignon found that in many African communities suicide was viewed as a quintessentially “bad” death, one that denied the perpetrator a place in the spirit world of the lineage. But there were also marked variations in approaches, even between neighboring peoples, with some groups viewing suicide not as a crime but as an act of bravery. In highly stratified societies in Africa, suicide as reparation for dishonor was not uncommon, but “shame” was also a more widespread sentiment in the “re-education” of Mau Mau detainees. Vaughan, Curing Their Ills; Mahone, “East African Psychiatry.”

14 The first systematic study that questioned the view that depressive illness was rare in Africa was Margaret Field’s important book Search for Security: An Ethno-Psychiatric Study of Ghana (London, 1960). Field studied a cocoa-producing area of Ghana where a large number of new healing shrines had been established. The women who visited these shrines typically confessed to misdeeds, often involving witchcraft. Field argued that these women were, in fact, psychologically “depressed.” Not everyone agreed with her analysis, but the work was important in inviting a different interpretation of witchcraft.


allegedly motivating suicide. Collomb and Collignon concluded that “shame” rather than “guilt” characterized African societies, producing a somewhat more sophisticated version of the familiar argument about the absence of guilt in African subjects. They also referred to the role ascribed to supernatural forces in some African explanations of suicide. This had been noted by, among many others, M. D. W. Jeffreys, who argued on the basis of African material that a fourth category of suicide should be added to Durkheim’s typology. He called this “Samsonic” suicide, in which the subject commits suicide with the specific aim of taking revenge on another. The motivation for this form of suicide rested on the belief that the spirit of a man could return after his death.

Supernatural forces were also prominent in the anthropological case studies contained in Paul Bohannan’s pathbreaking 1960 volume *African Homicide and Suicide*. Bohannan aimed not only to evaluate the available African evidence against Durkheim’s analysis of suicide, but also to test out the theory that there was an inverse relationship between suicide and homicide. Most of his contributors found it difficult to draw any definitive conclusions on these issues, given the limits of their statistical evidence, but their case studies were revealing of social attitudes toward suicide. To varying degrees, the communities studied feared the consequences of suicide and performed modified burial rites on the bodies of suicide cases. In her contribution, Jean La Fontaine reported that the Gisu people of western Kenya considered suicide to be an evil act. It was not intrinsically evil, it seems, but evil in the sense that it was thought to result from an undesirable and dangerous set of circumstances characterized by bad relations between individuals, or between individuals and their ancestors. Suicide was also considered to be contagious, and contact with the body of a suicide was regarded as extremely dangerous. La Fontaine argued that the Gisu believed that only the ancestors could make people kill themselves, and they could do it in one of two ways: either by making those individuals feel so ashamed of some antisocial act that they felt impelled to commit suicide, or by involving them in arguments with their close kin, so that they would ultimately kill themselves out of *litima*. *Litima* is translated by La Fontaine as “temper”: a liability to fits of anger and violence that can be inherited across generations.

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23 Some of these rites bear an uncanny resemblance to those described for pre-Christian Europe, including burial at a crossroads.
As La Fontaine’s contribution indicated, any thorough study of suicide in African societies would rest on an understanding of notions of personhood and related ideas about relationships, not only among the living, but also between the living and the dead.24 That these ideas go beyond the conventional colonial representation of the “African mind” is evident from a corpus of sensitive anthropological work. Any comprehensive historical study would have to include the impact of both Islam and Christianity on attitudes toward suicide, and any intellectual history of suicide in Africa would also need to go beyond a study of “traditional” beliefs and practices (important as those may be) to encompass political and legal discourses. It may have sounded fanciful to suggest, as Prince did, that with the coming of political independence Ghanaians would be more likely to kill themselves, but as much comparative literature shows, political discourses can have a profound effect in legitimizing or delegitimizing suicidal acts.25

The theoretical and methodological issues raised by a historical study of suicide in Africa are daunting, though hardly uniquely so. The history of suicide is in part a history of subjectivity, and no history of that sort is ever going to be straightforward. Colonial evidence is undoubtedly biased in a number of ways, but the nature of that evidence is itself part of the intellectual history of suicide in Africa, though by no means the whole of that history. This is an under-researched field, and one that could be enormously enriched by further oral historical and social anthropological work. Some of the challenges arise out of the nature of the evidence available for suicide in African societies, but others are common to the analysis of the phenomenon of suicide wherever and whenever it occurs. Inevitably constrained by the nature of their evidence, historians of suicide must also decide whether the analysis of suicide should be primarily sociological or intellectual, whether it should engage in a possibly anachronistic form of psychological speculation or view such speculation as an obstacle in the way of understanding.

Some of these large questions can be negotiated through the analysis of a specific body of evidence—colonial inquests from Nyasaland. This archive is a component of the intellectual history of suicide in one region of Africa, so any such analysis must be addressed to the question (raised by historians of other parts of the world) of how far the inquisitorial system itself came to influence social attitudes toward, and possibly even definitions of, suicide. Despite the formal nature of this evidence, it also displays a hesitant and porous quality, inadvertently revealing aspects of suicide cases that were not easily contained within dominant colonial scripts and that might point to a more complex picture of the intellectual history of suicide in this region.26 The inquest did give rise to a certain kind of forensic psychological approach to suicide, but how influential this was is extremely hard to know. There are parallels


26 This is an issue raised in the much larger literature on the history of colonial legal systems, and in theoretical debates on the nature of the colonial archive and of colonialism itself. Ann Laura Stoler, Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense (Princeton, N.J., 2008).
between the processes at work here and the “secularization” of suicide in Europe and the replacement of “passions” by the “emotions” in modern European thought, but the particular circumstances of colonial Africa produced a complex picture, the full dimensions of which remain to be fully explored.27

Of course, the task of the historian is not to add his or her musings on the psychology of historical subjects to those already imposed by this kind of regime. But suicide must be understood within specific social, political, and economic contexts, so a sociological analysis of at least a very basic sort is called for. It is not necessary to impose a formal categorization on suicide cases, but certain assumptions are inevitable with respect to such things as the gender dimensions of suicide and the apparent role of poverty and ill health in some cases. Although such an approach is undoubtedly open to criticism, it does offer the possibility of inserting the history of suicide in Africa into a wider comparative history, revealing not only marked differences but also striking similarities between societies.

Historians of suicide in different times and places have drawn attention to the nature of the archival material at their disposal and the role of statistics in the history of suicide.28 The sample available for this analysis is small—just 123 cases, drawn from records of inquests held in colonial courts in Nyasaland between the late 1940s and the late 1960s, predominantly between 1948 and 1959. Nyasaland, now known as Malawi, became a British protectorate in 1891, and although some inquest records exist for the 1920s and 1930s, they are few in number. The existence of many more records from the late 1940s can be largely explained by the increasing presence of the colonial state in the lives of its subjects in the post–World War II period.29 More specifically, the holding of inquests and the more systematic recording of their proceedings was a consequence of the passage in 1948 of an Ordinance Relating to Inquests.30 This ordinance aimed to improve and systematize procedures for the reporting of “violent or unnatural” deaths, and the referral of these cases, when appropriate, to the judicial system. It empowered local colonial administrative officers to act as coroners and required them to hold inquests into any “violent or unnatural” deaths reported to have occurred within their jurisdictions. It also made it the duty of anyone finding the body of someone who appeared to have suffered such a death to report it to the native authority or to the police or an administrative officer.31 Failure to do so made one liable to conviction under the ordinance and to

28 Durkheim, Suicide; J. Maxwell Atkinson, Discovering Suicide: Studies in the Social Organization of Sudden Death (London, 1978); Morrissey, Suicide and the Body Politic in Imperial Russia, chap. 7; Mac-Donald and Murphy, Sleepless Souls. Alexander Murray also discusses at length the nature of medieval documentation on suicide; Murray, Suicide in the Middle Ages, vol. 1: The Violent against Themselves (Oxford, 1998).
29 On the late colonial state and its “development” objectives, see Frederick Cooper, Africa since 1940: The Past of the Present (Cambridge, 2002).
31 A “native authority” was a chief who had been accorded official recognition by the colonial state. Under the “indirect rule” system in place in Nyasaland and in other British colonies in Africa, native authorities were given a range of new powers, including tax collection and adjudication of cases through a codified customary legal system. Inquests, however, were a matter for the coroner’s court, presided over by a colonial officer. On colonial law in Nyasaland, see Martin Chanock, Law, Custom, and Social Order: The Colonial Experience in Malawi and Zambia (Cambridge, 1985).
a possible prison sentence or fine. In practice, the native authority or the headman of the village in which the death had taken place would have to persuade the family of the deceased to postpone the burial while a message was sent to the nearest colonial administrative center or police station. A medical officer would then be required to examine the body and make a report to the coroner, and other relevant evidence would have to be gathered from witnesses. Finally, an inquest would be held at the district headquarters, sometimes at a very great distance from the site of the incident, at which the witnesses were required to appear.

When James Malunga, who lived in a village in Fort Johnston District, hanged himself from a tree on the morning of October 24, 1952, the inquisitorial system seems to have been followed almost to the letter.\textsuperscript{32} The body was found by his wife, hanging some twenty paces from the house that they shared. By the time it was seen by the court messenger (a paid assistant to the chief), it had already been cut down and moved to a bed in the house. On the following day, it was examined by a medical officer who had been sent from Fort Johnston, some distance away. The inquest on Malunga’s death opened in Fort Johnston on November 7 and was presided over by the district commissioner acting as coroner. On November 26, the district commissioner forwarded his record of the inquest to the attorney general in the colonial capital, Zomba. At sixteen pages, it is not a very extensive document, but it is, superficially, at least, impressive in its thoroughness and attention to detail. It includes three official forms: Form B (Death Report to the Coroner), Form D (Report of the Medical Practitioner), and Form E (The Inquisition), as well as “Exhibit A: A Rough [sic] Sketch of Scene of Hanging” drawn by the court messenger and ten pages of evidence recorded from the proceedings of the inquest. Only a small number of inquest records from this period included a “rough sketch” by an enthusiastic African police constable, but in other respects this is not an untypical record. A few included suicide notes, adding another dimension to the written record.

Archives can mislead. Although the very existence of these records is an indication of the greater ambition of the late colonial state in this part of Africa, there is no evidence that the colonial rulers of Nyasaland had any particular prior interest in why and at what rates their subjects killed themselves. Suicide was generally held to be rare among Africans, and in all likelihood the administrative officers of Nyasaland shared this view, if they thought about the subject at all. However, one of the effects of the implementation of the 1948 ordinance was to bring suicide cases to their attention, and when faced with these cases, many officers exhibited a perhaps surprising level of interest in what some termed the “motives” for suicide. Although the inquisitorial system undoubtedly “medicalized” suicide to a degree, it also produced a particular kind of forensic psychology and a quest for truth.\textsuperscript{33} Once the (possibly contentious) decision had been made by the village headman to report a death as “unnatural,” a colonial machinery of sorts cranked into action. Malunga might have anticipated that his taking of his own life would not pass unnoticed among his family, friends, and neighbors, and that they would be likely to ask a number of

\textsuperscript{32} I have changed names to preserve privacy. National Archives of Malawi [hereafter NAM], J5/11/8/2: Inquests, Fort Johnston District, 1952. I have also used the contemporaneous place names and colonial spellings throughout.

\textsuperscript{33} For an incisive discussion of the inquest in English history, see Ian A. Burney, \textit{Bodies of Evidence: Medicine and the Politics of the English Inquest, 1830–1926} (Baltimore, 2000).
questions about it, but he probably did not know that his death would occasion so much form-filling, nor that the scar of the old crocodile bite above his left ankle would be noted and recorded. Nor was he likely to have anticipated the depth of questioning to which his family, in particular his two wives, would be subjected by a colonial officer.

It is impossible to know what proportion of suicide cases reached the coroners’ courts of Nyasaland in this period. Practical implementation of the ordinance would have been hindered by the remoteness of many rural communities, especially in the northern parts of the country, and by poor communications. Medical officers were extremely thin on the ground, and it became clear quite early on that the demand that all bodies of people who had died suspiciously should be medically examined was impractical. What is more difficult to discern is the degree of resistance, reluctance, or cooperation offered by Nyasaland villagers to those attempting to enforce the ordinance. Village communities, then and now, had their own forms of “inquest” into deaths that appeared unnatural or unexpected. A dead body could not be easily hidden from public scrutiny, and with the exception of the very elderly, most deaths attracted some kind of questioning attention. But what evidence we have also suggests that, to varying degrees, communities in Nyasaland traditionally buried the bodies of suicides quickly, with abbreviated rites. In this context, we can assume that many would have regarded the medical examination of the body and (though this happened more rarely) an autopsy with fear, if not horror. Nyasaland, like other parts of the region, was rife with “bloodsucking” rumors, some of which directly implicated the agents of the colonial state. Interference with dead bodies, particularly those of suicide cases, was a serious matter. All of these considerations lead us to conclude that many, if not most, suicide cases would have been hidden and would not have reached the colonial coroners’ courts.

The fact that these were colonial courts, presided over by a representative of the late colonial state, raises further important issues. In their study of suicide in early modern England, Michael MacDonald and Terence Murphy employed the records of coroners’ courts precisely because they were local institutions, composed of ordinary men, and therefore revealing of changing public reactions to suicidal deaths. The proceedings of colonial courts cannot be assumed to have expressed the legitimate views of the communities they served, particularly in the period when many Nyasaland subjects were actively protesting against the intervention of the colonial

34 J. W. M. van Breugel, Chewa Traditional Religion (Blantyre, 2001), chap. 4; Samuel Chingondole, “The First and Second Funeral Rites in a Mang’anja Traditional Society” (Diploma in Theology diss., St Peter’s Major Seminary, University of Malawi, 1993); A. Z. Manda, “The Death Ritual among the Tonga of Nkhata Bay District” (research paper, Theology and Religious Studies Department, University of Malawi, 1988).

35 Interviews on attitudes toward suicide were conducted in Malawi in January 2008 by Pearson Mphangwe and Chikondi Lipato, final-year students studying psychology at Chancellor College, University of Malawi. Forty-five individuals were interviewed. I initiated the research, which was then overseen by Ms. Mathero Nhkalamba of the Psychology Department, Chancellor College. I also conducted interviews with coroners, police officers, and mental health professionals in May 2008. The detailed findings of these interviews form the subject of a separate paper. In general, informants were keen to emphasize that they accepted and welcomed the system of inquests on suicide cases and to distance themselves from “superstitious” beliefs about suicides.

36 Luise White, Speaking with Vampires: Rumor and History in Colonial Africa (Berkeley, Calif., 2000).

state in their daily lives. It goes without saying, then, that these court records need to be read with sensitivity to the suspicion, anxiety, and fear that many participants probably experienced when their most intimate family affairs, and their grief, were subjected to a colonial inquisition. Despite the obvious power asymmetries at work, however, it is important not to assume that these records are the product of a self-evidently antagonistic encounter between colonial rulers, on the one hand, and hostile subjects, on the other.

Merely correcting for colonial “bias” would not be an adequate approach to this evidence. By the late 1940s, many people in Nyasaland identified to some degree with the modernizing ambitions of the late colonial state, some while simultaneously protesting against colonial rule. Nyasaland’s local educated elites were for the most part modernizing Christians, keen to reform their societies and to distance themselves from a range of “traditional” beliefs and practices, including witchcraft. Suicides were often connected to witchcraft accusations within communities and families, or to the transgression of traditional taboos. Insofar as colonial inquests and postmortems offered an alternative analysis, their proceedings may, at times, have been welcomed, although it is not possible to argue this with any certainty. Colonial administrators who acted as coroners do not appear to have had any specific mission to uncover and adjudicate suicide cases. Suicides came to their attention by default rather than by intention. Communities in Nyasaland shared the general view of most communities, and of their colonial rulers, that suicide was a highly regrettable occurrence. There was, in other words, no “clash of cultures” at this very general level, although there may have been a great many misunderstandings, mistranslations, and straightforward incomprehension in specific courtroom exchanges. It must be borne in mind that colonial coroners were in practice heavily dependent on the African intermediaries who presented evidence to them, and to varying degrees on translators. In some cases, colonial coroners appear to have been keen to make their personal views on cases known, but in many more they were content to bow to local judgment on these matters, as long as this was compatible with the law. Under colonial law, attempted suicide was a crime, but colonial coroners appear to have had little appetite for enforcing this aspect of the law. There were no particular financial consequences for families if a person was found by the court to have committed suicide, and if any shame attached to the family of a suicide, it was likely to have been experienced with or without the coroner’s verdict. In short, colonial coroners

38 By the late 1940s, a nationalist movement was well under way in Nyasaland, and in the 1950s there was an escalation of protest focused on the Central African Federation. Some of the inquests on suicides in the 1950s sit in the archive alongside inquests on individuals who were killed while protesting.

39 This is the view put forward by many of those interviewed in Malawi in January 2008. It cannot, of course, be held to be representative of the colonial system.

40 Colonial officers in Nyasaland were required to pass language examinations, but the depth of their linguistic knowledge varied. Administrators were frequently moved from place to place, and since many different languages were spoken in Nyasaland, this meant that linguistic competence in one area did not always transfer to another. Translators are rarely mentioned in colonial documentation, but they were usually clerks employed by the administration. They played a critical role in the courtroom and in other areas of the colonial machinery.

41 In the history of suicide in Europe, the issue of sequestration of the property of a suicide, and the financial consequences for their families, looms large: Murray, The Curse of Self-Murder; Minois, History of Suicide; MacDonald and Murphy, Sleepless Souls.
did not approach these cases with any obvious agenda, either to criminalize suicide or to “enlighten” local views of suicide.

Of the total of 123 cases in the sample under consideration here, 90 were cases of male suicide and 33 were cases of female suicide—a ratio that accords fairly well with global figures. With very few exceptions, both men and women committed suicide by hanging themselves, often with homemade pieces of rope and string, or sometimes with belts. So clear was the association between “rope” and suicide that if people who appeared unhappy or unwell were seen with a piece of rope or string, they were followed and monitored by family members. While both women and men hanged themselves, it is striking that women usually took themselves away, to their gardens or into the bush, before killing themselves, while men were most often found hanged inside or very close to their houses. Drawing any conclusions from this fact would be hazardous, but it would appear that this was a more public act for men than it was for women, and that women may have been more sensitive to the possibility that their bodies might pollute the home and harm their families.

There are no “typical” suicide cases, but the death of James Malunga, whose body we have already encountered, is not untypical. Malunga, whose age was estimated at around fifty-four, was described as belonging to the Yao ethnic group, which dominated the southern end of the Lake Malawi region where he lived. His body was found by his wife Amana early in the morning, hanging from a tree not far from their house. His daughter ran to the village headman to tell him what had happened, and the headman sent a message to the chief, Native Authority Kalembo. When Kalembo’s head court messenger arrived for work that morning, he was told by the chief to fetch the dispenser from the clinic and go with him to the neighboring village to investigate a suicide. In his evidence to the court, the messenger said that he had gone to the village with the dispenser and inspected the body of Malunga, who was known to him, then returned to the chief’s headquarters. The chief had told him to report the matter to the authorities at Fort Johnston. The dispenser wrote a letter to the medical officer. The messenger then traveled to Fort Johnston (presumably by bicycle, though we are not told) and delivered the letter to a police officer before returning to Kalembo. Later that day the medical officer, Alexander Holmes, arrived at the village from Fort Johnston with a European police officer and an African constable, Michael Phiri. Phiri later reported to the court that on arrival in the village, he removed the body from the house and took it to the tree where it had been found. He measured the distance between the ground and the branch from which it had been found hanging and inspected the body for any marks. He also measured the distance between the house and the tree. He then drew a sketch map of the scene. While the medical officer examined the body, Phiri talked to witnesses and seems to have begun a line of questioning that later became central to the inquest:

42 The exceptions are two cases of men who knifed themselves, two cases of women (both deemed “insane”) who set fire to themselves, one woman who took a ritual poison, one woman who ingested rat poison, and one man who ate insects that were known to be poisonous. There were a number of cases of drowning that may have been suicides but were judged inconclusive.

43 The most common method of suicide in Malawi today is ingestion of pesticide, which appears to have been a fairly recent change.
I was told by the younger brother of the deceased that he had two wives and this was the first wife he was with at the time of his death. He also told me that he had gone to his second wife two weeks ago and had recently been brought back by his daughters because he had been unsettled in his mind, not speaking properly. We also called the second wife of the deceased and she confirmed that he had not been well when he was staying with her, and had not been speaking properly. She did not tell us in what way he had been speaking abnormally.

In court, the question of Malunga’s state of mind in relation to his second marriage was taken up and pursued. Both wives were questioned. His first wife, to whom he had been married for thirty-six years, said that her husband had only recently taken a second wife, and that when he returned from the other woman’s home, he “looked ill” and “spoke with unconnected words, like a child.” In every other way, she said, he appeared normal. Malunga’s second wife told the court:

My husband came to live with us about three weeks ago. I had not known him for very long before we were married, only about three weeks before he came to live with me . . . When my husband came to live with me he seemed well, but one day after he came he complained that his heart was not well. At this time he did not show any strangeness in his speech, but after three days he said he wished to go to his first wife as his heart was not well, but he did not go. He remained at my house for three weeks and he seemed all right all that time and did not [seem] to have anything wrong with his speech . . . We never had any trouble between ourselves or any quarrels. He did not speak to me of any worry or trouble that was on his mind. I cannot think of any reason why the deceased, my husband, should have committed suicide, and I am quite sure that I never noticed any strangeness in my husband’s speech, all the time he was with me.

The evidence of the medical report was conclusive that this was a case of suicide, but the coroner pursued the question of Malunga’s mental state at the time. In part this can be explained by the fact that the coroner had the option of ruling that Malunga had committed suicide “while the balance of his mind was disturbed,” although it is not at all clear that this verdict would have made any material difference to the family or to anyone else. Rather, it seems that the evidence first collected from the witnesses by the African constable, Phiri, had set in motion a quest for understanding on the part of the coroner. This quest centered on whether Malunga’s speech was impaired when he returned from his second wife’s home. For the coroner, this would have been evidence of possible insanity. The witnesses, however, would have been more likely to interpret it as evidence that someone, perhaps one of his wives, had bewitched him. The testimony of Malunga’s younger brother, filling out the picture of Malunga’s state of mind, bridges these two interpretations:

I often saw my brother during these last years and I knew he had taken a second wife. I visited my brother once when he was living with his second wife and he seemed quite well then. I know that my brother was worried because his first wife did not wish him to marry again. The Village Headman and myself were agreeing that it was all right for any husband to take another wife but I do not know why he wished to do so. There were no quarrels between my brother and his first wife on this subject. My brother once told me that his heart was not well but I never noticed anything else about his health. All the family were agreeing to his new marriage, except his first wife. I cannot think of any reason why he would commit suicide, except that he was worried his first wife did not agree to the marriage.
In Malunga’s brother’s testimony, a picture emerges of a troubled man who, despite having gone through all the appropriate customary procedures, was worried that by taking a new (and presumably younger) wife, he was in some way harming his first wife. Since his brother, his first wife, and other members of his family declared themselves to the court to be Muslims, we can probably assume that Malunga was also a Muslim, so there is no question here of Christian guilt over polygamy. Nevertheless, he seems to have been deeply concerned. Several witnesses recalled that he had told them that his “heart was not well,” which was a translation of a common term in chiYao (and other local languages) referring to what we might call emotional or psychological disturbance. Malunga’s brother mentions in his testimony both this aspect of the case and the evidence of Malunga’s strange speech patterns, implying that his understanding of Malunga’s problems encompassed both a sense of internalized guilt and anxiety and also the possibility that some supernatural force was at work, possibly a curse. Different witnesses placed different weight on different aspects of the case. Malunga’s second wife strenuously denied that he had developed problems with his speech while staying with her, while his first wife emphasized that point.

The coroner, Arthur Clayton, recorded a verdict of suicide without further comment. Later he was mildly reprimanded by the attorney general, who wrote on the cover letter to the record of the case: “Please inform the Coroner that at the conclusion of the evidence he should record a short summary of the evidence and his verdict thereon (Jervis, on Coroners, 8th Edition p114.).” Perhaps Clayton was sensitive enough to conclude that the complex reasons behind Malunga’s suicide were not easily reducible to a “short summary of the evidence.” The historian rereading the evidence, however, should take heed.

Not all colonial coroners were as circumspect as Clayton was in this case. Many summed up their cases with quite lengthy speculations on the psychodynamics of their subjects. For example, at the conclusion of another case in which polygamy was deemed relevant, the coroner wrote:

Alicia Banda’s whole outlook on life was completely altered when her husband married another younger woman after he had been married to her alone for 20 years. I realise of course that to marry more than one wife is quite normal in any village of the tribes found in this district, but at the same time this man had remained monogamous for a long time before marrying again. The husband is not a young man and now too old to go to Southern Rhodesia or South Africa to work. His deceased wife no doubt thought he would settle down (or had settled down—he last returned from South Africa in 1945) and quietly spend the rest of his life with her in the village. He no doubt gave most of his attention to his new wife. This was too much for his old wife who ceased to speak with people in the village. When she was left alone all day, probably just with the children, whilst all the other adults went (of all things!)

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44 Mtima means “heart” (located in the chest) in chiYao, but also the center or core of anything. The word is appended to verbs to describe emotional and moral qualities, for example, to describe someone who is brave (-nonopa mtima) or good-tempered (-simana mtima). A number of phrases including the word mtima describe a disturbed state of mind: mtima uli myasi-myasipe (to be disturbed at heart), -nyelenyenduka mtima (to be sore at heart, grieve). G. M. Sanderson, A Dictionary of the Yao Language (Zomba, 1954). We can presume that one of these phrases was used by the witnesses to this case.
to a funeral, she took the opportunity of creeping away into the bush and taking her own life, in the only way she knew.\textsuperscript{45}

These empathetic considerations led the coroner to conclude that Alicia Banda had committed suicide “whilst her mind was temporarily disturbed.” In another case focused on marital relations, from 1966 (by which time Nyasaland had become independent as Malawi), the coroner, who was of Nigerian origin, reflected at length on the pain of loneliness experienced by an elderly man who had been abandoned by his wife: “The deceased was not used to being left alone. He had enjoyed the company of his wife for such a time that at the declining age of 70 years to be left alone without any comfort was too hard for him to bear and so he committed suicide.”\textsuperscript{46}

Marital relationships feature centrally in around a quarter of the 123 cases, although often in conjunction with other factors. Placing cases into broad sociological categories is already making assumptions about the very history under investigation here. Nevertheless, if we are going to attempt any analysis of the relationship between individual dynamics and social context, then a degree of initial crude categorization is unavoidable. Precisely because marriage was such a central institution of life in Nyasaland, it was also often a source of tension. Different marriage forms existed in different parts of the country, but all had in common the close involvement of kin. In some of the cases described here, especially those from southern parts of the territory, a matrilineal form of kinship dominated and matrilocal marriage was the norm. Elsewhere, particularly in the north, marriage was patrilocal and secured by bridewealth payments. Although there were distinct and important differences between these broadly defined marital regimes, in practice these systems were more flexible than standard colonial anthropological accounts tended to imply. Indeed, in late colonial Nyasaland, the demands of a changing economy, and particularly of labor migration and land shortage, necessitated flexibility in the marriage system.\textsuperscript{47}

Different systems also shared the assumption that the central function of marriage was the production of children. It is perhaps not surprising, then, that many cases of suicide involved tensions within marriage, and pressures on individuals, arising from male impotence, (assumed) female infertility, and the deaths of children. Such cases often overlapped in complex ways, with accusations of adultery and fears of witchcraft. They were also frequently inseparable from guilt. For example, one man committed suicide in front of his five children after confessing that he had been committing adultery with his sister-in-law. The crucial fact that emerged from the evidence was that his wife was in the early stages of pregnancy at the time. Male adultery during a wife’s pregnancy was thought to be harmful to the unborn child. The man had done the right thing by confessing and by offering to obtain a local medicine for his wife that would ensure the baby’s safety, but as the coroner concluded, it seemed that a sense of remorse had overwhelmed him.\textsuperscript{48} In an unusually explicit suicide note, another man explained that he had been the victim of a jealous...
woman’s witchcraft powers. In love with one woman and intending to marry her, he had slept with another. It was, he said, just a brief, unimportant affair, but she thought otherwise and had rendered him impotent, making it impossible now for him to marry his girlfriend. “It’s with deep regret,” he wrote, “that I am bidding farewell to all my relatives. I am sad to inform you that I am dead, stay well. I hold the woman responsible for my death, and as you can see, she has cut my life short.”

Many cases told a story of men’s anger with and violence against their wives, sometimes induced by an accusation or suspicion of adultery, often aggravated by alcohol. The fact that these particular cases culminated in male suicides makes them unusual but also revealing. There is nothing specific to the societies of colonial Nyasaland about the sequence of events in which a man arrives home from a beer-drinking party, complains that there is insufficient food to eat, and then beats his wife, sometimes murdering her. Men’s anger at women and frustration at the poverty of their households emerges clearly from these accounts, but the fact that some men went on to kill themselves after these incidents reveals an additional dimension of anxiety about how their actions would be judged within their communities. One woman recalled the sequence of events that led her husband to kill himself. One day he accused her of committing adultery and beat her on the backs of her hands: “I was not hurt, but I cried . . . We both sat on the verandah. My husband said that he was sorry. He said that if people saw me crying like that they would think that he was not a good husband. He seemed sorry and ashamed.” The woman reported the beating to the senior relatives who acted as advisers to the marriage, known as ankhoswe. She then returned home and the two of them fell asleep, but in the middle of the night she awoke to find her husband cutting her ear. She screamed. Her brother heard her, ran in from a neighboring hut, and took her to hospital. The next day her husband hanged himself. Another woman recalled how she and her husband had often quarreled because they had no children, but “even when we were quarrelling, my husband was very fond of me.” Each time they quarreled, things were “patched up” by the ankhoswe, but one weekend things came to a head and, tired of hearing her husband call her “bad names,” she left the home to go and stay with her grandfather, intending to return later. Her husband killed himself a few days later.

Men who were angry with their wives sometimes became violent against them and then turned their anger on themselves. Other men committed suicide as a result of grief over the deaths of their wives. A young woman from Cholo District described how, after the death of her mother, her father “has been caring for nothing and only

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49 NAM, J5/11/15/2, Inquests, Mlanje District, No. 12 of 1952.
50 Stacey Hynd studied the same archive that I used for her examination of homicide cases. She found that most men who killed or injured their wives did not commit suicide. Hynd, “Fatal Families: Narratives of Spousal Killing and Domestic Violence in Murder Trials in Kenya and Nyasaland, c1920–1957,” in Emily S. Burrill, Richard L. Roberts, and Elizabeth Thornberry, eds., Domestic Violence and the Law in Colonial and Postcolonial Africa (Athens, Ohio, forthcoming 2010).
51 There were many such cases, but one, in Mulanje District (formerly Mlanje), provoked the coroner to comment about the husband that “he must have been in an evil temper because even when the food was ready he refused it more than once and then ejected his wife . . . It therefore appears that in a fit of anger, or perhaps more from sheer perversity, he hanged himself.” NAM, J5/11/5/2, Inquests, Mlanje District, No. 7 of 1952.
52 NAM, J5/11/15/3, Inquests, Mlanje District, No. 11 of 1954.
53 Ibid., No. 5 of 1957.
eating a little food.” Samuel told his workmates that he wanted to kill himself because his wife had died. His European employer “told him to be reasonable and pointed out his responsibilities to him, but he did not appear to be much impressed.” Samuel killed himself later that day.54

Powerful feelings were not confined to marital relations. Conflict with parents, siblings, children, and in-laws features in many cases, alongside grief. Sometimes these cases were compounded by accusations of witchcraft, most of which were directed at women. Josiah killed himself after a quarrel with his father at a beer-drinking party. In the course of the argument, he had accused his father of favoring his sister, while his father had accused him of being a witch and “making magic by night.”55 Witchcraft featured explicitly in ten cases, but was implied in many others. Apparently terrified by the consequences of a witchcraft accusation, or in anticipation of one, some people decided to end their own lives. Alisia, for example, killed herself after her husband accused her of bewitching his pregnant second wife.56

Some women were implicated in the deaths of their own children. In communities where infant and child mortality rates were high, the death of a child may have been a regular occurrence, but it could still be devastating. After eight of her children had died, one woman took the ritual poison mwabvi, traditionally used to detect witches, and died. The coroner, convinced that “the accuser of witchcraft was the deceased herself,” passed (perhaps controversially) a sentence of suicide.57 Another woman hanged herself shortly after her small son died of pneumonia. She had lost six other children previously. According to the coroner, the boy could have been saved if his parents had sought medical treatment, provoking him to reflect that this was “one of the many tragedies which occur in African villages as a result of ignorance and fear.”58 A woman in Blantyre District described to the inquest how her daughter had anxiously nursed her sick nine-month-old child, who died after a few days. As the woman was laying out the child’s body, her daughter ran out of the hut; she was later found hanged in the garden. Her husband told the court that they had two other children and that “my wife was so full of grief she did not properly know what she was doing.”59 A young woman described how her sister, who had four children, was devastated by the illness of her only daughter, telling her, “If my daughter dies I will die. If it was a boy it would not matter so much, but this is my only daughter.” The child died the next day, and the sister killed herself immediately after the funeral.60

A picture emerges from these cases of close communities and dense networks of relationships. Close relationships were clearly essential to individual well-being, but they were also the cause of anguish.61 Few conflicts were “private,” and so any shameful event within a family, or implication of wrongdoing, was liable to be reflected in

54 NAM, J5/11/4/1, Inquests, Cholo District, No. 2 of 1951.
55 NAM, J5/11/15/2, Inquests, Mlanje District, No. 5 of 1953.
56 Ibid., No. 12 of 1952.
57 NAM, J5/11/1/7, Inquests, Blantyre District, No. 12 of 1956. This and other cases like it are not easy to analyze, but remind us of Field’s argument concerning women, witchcraft, and guilt in the Gold Coast. Field, Search for Security.
59 NAM, J5/11/1/4, Inquests, Blantyre District, No. 10 of 1952.
60 NAM, J5/11/8/2, Inquests, Fort Johnston District, No. 3 of 1952.
61 This is similar to the picture presented by T. Asuni for suicide in Nigeria; Asuni, “Suicide in Western Nigeria,” British Medical Journal 2, no. 5312 (1962): 1091–1097.
an individual’s social reputation. But many cases also demonstrate that conflict, death, and transgressive behavior could induce powerful feelings of individual guilt and remorse.

A significant number of inquests in this sample are built around narratives that privilege economic factors. Rural society in Nyasaland in this period was increasingly differentiated.62 Some households had become wealthier than their neighbors as a result of success in cash-crop production or access to education and wage employment. Others struggled to survive. Extreme poverty was shameful, reflecting on the moral reputations of both men and women. Women who could not put together a “decent” meal every day were likely to incur the anger of their husbands, but they could also attract either the disapproval or the support of their neighbors, depending on how they were viewed as individuals. Poverty was familiar in Nyasaland, but destitution was relatively rare and occurred only when economic vulnerability combined with social ostracism, or during an unusually severe famine, such as that of 1949.63 The tax demands of the colonial state not only added to the economic pressures on poor households (although tax exemptions did exist for the sick and elderly), but also made their poverty very public. Jeannie’s husband was a tax-defaulter. They had been married since she was a young girl and had five living children (two others had died). In more than fifteen years, he had never paid his tax, she said, and he had always run away from home at the time of tax collection, so that it was she who was arrested by the tax askari or police. She lived in visible poverty, and her house was falling down. Eventually the village headman took matters into his own hands and reported to the chief that Jeannie was “husbandless” and therefore should not be pursued for tax. Jeannie’s husband was unhappy with this “divorce,” but his brother told him that if he wanted the marriage restored, he would have to pay the tax owed, and then his name could once more be entered in the tax ledger as a “husband.” On one or two occasions thereafter, usually when drunk, the husband was seen “making ropes” (that is, preparing for his suicide). His friends took the ropes away from him, but eventually he succeeded in hanging himself.64

Most cases of suicide of the very poor also featured some element of ill health.65 Of the 123 total cases, 20 featured a physical illness of some description, and a further 12 concerned individuals who were defined by witnesses as “insane.”66 When people were chronically ill or disabled, they also ceased to be economically active and were therefore dependent on their relatives and neighbors. Although this form of social support was the norm in these communities, high levels of dependency did not always come without psychological consequences. Witnesses typically described men who had formerly been active breadwinners for their families reduced to “just hoeing,” or worse, unable to do anything at all. Some were wracked by pain; others had their

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62 The late 1940s and 1950s were a period of economic growth in Nyasaland and of significant (though still relatively small) investments in education and other forms of “development.” On differentiation in the Southern Province in this period, see Vaughan, *The Story of an African Famine*.

63 Ibid.

64 NAM, J5/11/15/1, Inquests, Mlanje District, No. 7 of 1951.

65 As Murray writes in his account of suicide in medieval Europe, “Among the very poor it remains for the most part a matter of guesswork whether destitution, on its own, ever sufficed as a motive for suicide.” Murray, *The Curse of Self-Murder*, 159.

66 The burden of care for the long-term sick and disabled in contemporary Botswana is described by Julie Livingston, *Debility and the Moral Imagination in Botswana* (Bloomington, Ind., 2006).
mobility reduced by illnesses such as leprosy. Young men returned from stints as labor migrants in Southern Rhodesia and South Africa with industrial injuries. Others were repatriated because of their disturbed behavior and subsequently killed themselves. Some elderly people grew “tired” of the struggle to live. One elderly woman committed suicide immediately after the funeral of her niece, who had been her caregiver. Witness after witness described their efforts to care for and comfort the physically ill, or to accommodate the behavior of the mentally disturbed. Maria’s husband, who was around sixty years of age, suffered from both leprosy and epilepsy. He had lost a toe and was unable to work. One day, after experiencing a fit, he told his wife, “I have suffered so much and I do not know what to do.” She replied, “Don’t worry, this sickness has come to you and we will have to wait to see what God does.” That night they did not go to sleep but sat “discussing his troubles.” In the morning he seemed “very depressed” and ate only a little food, “looking at the ground.” Later that day, he was found hanged.

Although ill health and poverty provided the context for a substantial proportion of the suicides in this sample, other cases featured more successful members of society and the pressures consequent on their involvement in the cash economy. Worry about debt was mentioned by witnesses as the salient fact in several cases of the more economically successful. Cases of debt were closely connected to social reputation, and were sometimes compounded by allegations of financial impropriety in church and professional associations that had sprung up among Nyasaland’s educated elite. A man in Mzimba District committed suicide after accidentally burning down a neighbor’s maize store and the church where he was an elder. Another man was troubled by a debt of £4.00. His creditor had threatened to “take him to the Boma and sell him there as a slave.” A prominent schoolteacher killed himself after allegations of misuse of funds connected to the Teachers’ Association, of which he was an officer. He left a number of suicide notes, in which he strenuously denied that he was responsible for any wrongdoing but implied, nevertheless, that the financial problems of the association had brought shame on him, his family, and the church of which he was a member. Rather than give evidence in the case, he had decided to end his life. To his colleagues he wrote:

Always a teacher does not stand before a Court and give a false statement . . . I did not take anything belonging to the Association. You members will witness me. My life is going to come to an end in order that Mr Harry may speak about this case of his happily. Let the judges not trouble my wife as she knows nothing about my death . . . there is a clear reason, that is I may put the Mission to shame by giving evidence about this case. It was not necessary to do so but it is on account of being ashamed as stated above.

67 Other illnesses frequently mentioned are yaws, tuberculosis, epilepsy and rheumatism, bilharzia, and “blindness.” Clearly these “diagnoses” should be treated with caution. More often witnesses merely refer to pain—especially pain in the legs and stomach and “headaches.” One case refers to “toothache.”
68 NAM, Inquests, Dowa District (uncatalogued), No. 32 of 1967, 1-17-11F, Box 17382.
69 NAM, J5/11/17/1, Inquests, Mzimba District, Inquest held on October 17, 1954 (number of inquest illegible).
70 “Boma” was the word used to designate a colonial administrative center, but it could also mean “government.” Ibid., Inquest held on June 29, 1954.
71 NAM, J5/11/15/3, Inquests, Mlanje District, No. 4 of 1954.
72 NAM, J5/11/17/1, Inquests, Mzimba District, Inquest held on October 17, 1954 (number of inquest illegible).
He wrote a separate letter to his wife, instructing her to “keep my children comfortable” and (somewhat ironically) telling her not to give up hope because “there are troubles but here is always a chance in future.” In two letters he referred specifically to the way his body should be treated after his death: “I pray you not to trouble my body” and “Do not allow my body to be troubled. I shall be buried where my father was buried.” These were probably references to traditional practices related to the treatment of the corpses of suicides, which were feared and sometimes buried away from the village. This was an unusual example of a highly literate person attempting to employ the suicide note to determine how his death would be interpreted.

The suicide notes of the literate add a particular dimension of reflexivity to the archive, as has been noted for other contexts and times. But most were in fact very brief instructions on the disposal of property or lists of money owed and owing—simple wills, in effect. Some notes consisted of one phrase along the lines of “I am going, goodbye” or “Dear Mother, I have gone, I have killed myself.” Very few explicitly blamed others for leading them to suicide, but there were some that, though oblique, appear to be accusatory: “I am very sorry mother, misunderstanding always leads to bad things. When child tells out what makes him angry, it is always better to appease him.”

Although the precise relationship between social context and an individual’s decision to take his or her own life remains inaccessible, it is clear that people in the communities featured in these inquest records attributed agency to those who committed suicide, but to varying degrees, depending on the circumstances. When supernatural forces were invoked in these narratives of suicide, it was in relation to individual dynamics. Honor, shame, and reputation emerge as strong elements in these stories, but so does guilt. In their review of the suicide literature on Africa, Collomb and Collignon argued that African societies were “shame” societies rather than “guilt” societies, but it is hard to disentangle these two elements in the material presented here.

There is certainly plenty of evidence of individuals’ being “unwell in the heart” and falling into dejection and introspective despondency, although whether this can (or should) be labeled “clinical depression” is a complex, important question and not for the historian to decide. Rather than employ this material as evidence for the incidence of a pathological condition, perhaps we can read it more productively by viewing it as one element in a complex history of subjectivity.

It is quite obviously the case that the nature of the colonial inquest and the procedures and investigations leading up to it privileged some forms of evidence and explanation over others. Apart from medical and other physical evidence, the inquest produced a kind of forensic psychology, which invited speculation on the inner

73 Notably absent from these cases, as recorded in the inquests, is any speculation, by either Christians or Muslims, about the fate of the souls of suicides. There is also no indication that Christians here believed suicide to be the work of Satan.
74 MacDonald and Murphy, Sleepless Souls, chap. 9; Morrissey, Suicide and the Body Politic in Imperial Russia, chap. 6; Minois, History of Suicide, 287.
75 NAM, J5/11/19/1, Inquests, Nkhata Bay District, No. 2 of 1953.
76 NAM, J5/11/4/1, Inquests, Cholo District, No. 1 of 1949.
77 Collomb and Collignon, “Les conduites suicidaires en Afrique.”
78 Although Ian Burney’s Bodies of Evidence deals with a very different context, I have found its discussion of the history of inquests in nineteenth-century England to be very useful.
workings of the individual’s mind and which may well have downplayed other factors present in the thoughts of witnesses (if not of the suicidal individuals themselves), particularly spiritual beliefs. The inquest, in common with other legal procedures, required that witnesses produce linear and consistent narratives. Although there are very few cases in this sample in which homicide was openly suspected, we can assume that in many others witnesses felt that they were under suspicion or were being implicitly blamed for events. Their accounts, therefore, are likely to have placed more emphasis on the independent agency of the person committing suicide than they might have done in another context.

How far the inquisitorial system itself influenced local attitudes toward suicide in this period is impossible to know. Certainly it would be too simplistic to argue that this is a story of either the “medicalization” or the “secularization” of suicide in colonial Africa. It seems likely, however, that the processes and procedures of the inquest system have had some influence on ideas about suicide in these societies.79

Colonial Nyasaland became independent Malawi in 1964. British coroners were gradually replaced by Malawian nationals, and in the early years of independence by magistrates from other parts of Africa.80 There is some indication that, as time went on, the kinds of summaries of cases that colonial coroners had been encouraged to produce came to be regarded as superfluous and perhaps misleading. In 1968, for example, a coroner in Blantyre was reprimanded by state counsel for his overlong reports and his speculative comments: “I am unable to find evidence in this file to support the finding that the deceased hanged himself ‘When his mind was disturbed due to long miserable life due to lameness.’ ”81 Whether this marked a new and decisive change in the nature of the suicide inquest in Malawi and in what were regarded as acceptable “bodies of evidence” must await further research.82

79 In interviews with police officers and magistrates in Malawi, this point was emphasized. They argued that Malawians not only accepted inquests on suicide cases (and the postmortems that were sometimes entailed) but positively welcomed them, as they provided “objective” evidence and relieved families of some of their guilt. Psychology and psychiatry professionals are more skeptical of these views, arguing that a large number of suicide cases are deliberately hidden from the authorities.

80 Extending the present study into the postcolonial period would undoubtedly enrich it. Accessing more recent inquest material is not straightforward, however, and I do not have a sufficiently large number of cases from the period to enable me to produce any general argument.

81 NAM, Ministry of Justice, Revision of Cases and Inquests: Blantyre Inquests: Letter from State Counsel, J. H. Mkandawire, to Resident Magistrate, Blantyre, October 10, 1968 (uncatalogued), 18-3-6-R, Box 12320.

82 The term is Ian Burney's; Bodies of Evidence.