DOES TOLERANCE KILL? THE HUNGARIAN MINORITY IN ROMANIA: A CASE STUDY[1]

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Abstract:

The starting point for this research was the disturbingly high rate of suicide among Hungarians in Harghita. The initial impulse was to connect this fact with the minority status of Hungarians in Romania and with the problem of tolerance. However, Romania is internationally recognized as meeting the criteria of tolerance with respect to its ethnic minorities (European Commission reports). So, why do Hungarians in Harghita still have a high rate of suicide despite living in a tolerant society? What other factors might explain this social phenomenon? This puzzle led me to question the efficiency and sufficiency of tolerance in ensuring a functioning, integrated, multiethnic society and to explore minority-majority relations in Harghita more deeply. The theoretical approach is based on Emile Durkheim's empirical studies of suicide.

Key words: tolerance, altruistic suicide, interethnic relations, anomy

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The idea for this paper came from observing some disturbing statistics regarding the Hungarian minority in Romania. According to the 1998 and 1999 National Reports on Human Development (NRHD 1998, 1999) the department of Harghita (85% Hungarian population) has the highest rate of suicide in Romania, at a troubling 43,9% and 45,5%, respectively (the overall suicide rate for Romania being 12,5 and 12,7%). Harghita is followed by Covasna (75% Hungarian population) at the top of the list with 39,4% and 31,2% for the same two years. Moreover, the high suicide rate in these regions has been proven to be a function of the Hungarian population, which tends to commit suicide three times more often than the Romanian population (Veress, Vadas, Rus 1997, 83). Confronted with these data, one cannot help asking whether this phenomenon is related to the minority status of Hungarians in Romania. What is its connection with the problem of tolerance? What role do Romanians and Romanian society play in this situation?

Any answers to these questions are complicated by at least two issues: First, there is international consensus that Romania is a tolerant society and has solved its problems concerning ethnic minorities. Why, then, do Hungarians still commit suicide despite living in a tolerant Romanian society? If not a lack of tolerance, what explains the high suicide rate of Hungarians in Harghita? Secondly, Hungary itself has topped the world list of suicide rates for several decades. In fact, as Mihaly Gergely argues, "suicide as an alarming social phenomenon is one of [Hungary's] most disturbing demographic problems" (Gergely 1993, 143). According to these data, another interpretation of the phenomenon of suicide in Harghita is that the Hungarian minority is only replicating a specific cultural or ethnic pattern and that the issue of minority-majority relations is irrelevant[2] However, this explanation entails a possible evasion of responsibility in two ways: first, by assuming that creating a tolerant society means solving all the problems between the majority and minority populations[3]; and, second, by assuming that culture and ethnicity are more relevant to the phenomenon of suicide than the type of society in which it takes place. (One cannot ignore the fact that the Hungarian minority is also a part of the Romanian society, not only of their culture.) To sum up, the motivating questions for my research are as follows: Is tolerance enough to produce an integrated, coherent, multiethnic and multicultural society? Or does tolerance, in fact, serve to mask a malfunction in Romanian society, manifest in majority-minority relations, that in turn influences the rates of suicide among the Hungarian minority?

In order to answer these questions, I will situate my research within the theoretical framework developed by the sociologist Emile Durkheim in his thorough study "On Suicide." The argument of my paper will be structured as follows: In the first part I will present and discuss Durkheim's four types of

2 It is interesting to note that radical nationalists like Corneliu Vadim Tudor, president of the Greater Romania Party, actually use this argument in their discourse to denigrate Hungarians.

3 Tolerance can be understood as " willingness **not to interfere** with beliefs, attitudes or actions despite **a lack of sympathy** for them or despite **dislike** of them" (The Concise Dictionary of Politics, Oxford University Press, N.Y., 1996). Therefore, tolerance can go hand in hand with strong antipathy between ethnic groups, which is not visible as negative interactions but still has a detectable destabilizing impact at the social level.

suicide and the societies prone to each. In the second and larger part, I will try to determine into which of the four Durkheimian categories the Harghita case falls and what role tolerance, as understood above, plays in creating the conditions conducive to it. The last part of the paper will present conclusions and discuss whether and how the situation might be improved.

For the purposes of this discussion, suicide is understood as "any case of death that results directly or indirectly from a negative or positive action consciously carried out by the victim himself/herself" (Durkheim 1993, 37). Suicide attempts are not taken into consideration. "Suicide" is operationalized in terms of the actual number of suicidal deaths among Hungarians in Harghita occurring in a given year (so as to be in accordance with Durkheim's work) per 100,000 inhabitants. I will also, when needed, refer to parallel statistics for Romanians in Harghita and Hungarians in Hungary. My data will be drawn from two statistical sources: first, an epidemiological study initiated by a team of doctors in the department of Harghita itself[4]; and, second, the 1998 and 1999 National Reports on Human Development published by the Romanian Academy as part of the United Nations Development Program in Romania.

Theoretical background

Durkheim describes suicide as a "social fact," meaning a general reality for an entire society and independent from its individual manifestations. Social facts are normal or pathological: normal facts remain within an average value according to their specificity, while pathological facts exceed those average limits. Therefore, with respect to suicide, Durkheim argues that - sociologically speaking - each society has its own normal rate of suicide, constant in time. Any excessive change in the normal rate signals - again, sociologically speaking - a pathological situation, or an anomy. Durkheim's most important thesis is that the causes of social facts lie on the social plane as well. In order to prove this with respect to the phenomenon of suicide, Durkheim tests the connection between suicide and individual variables such as gender, age, religion, psychiatric condition, alcohol consumption, and so on. The result of the test is negative, the actual cause of suicides lying not at the individual but at the social level, more precisely depending on the level of social cohesion. Based on these findings, Durkheim differentiates between four types of suicide determined by four corresponding social profiles: egoistic suicide, altruistic suicide, anomic suicide and fatalistic suicide. (Details about each type will be given when applied to the Harghita case.)

Two more observations are needed before applying Durkheim's findings to the Harghita case. First, Durkheim rejects the ethnic character of suicidal behavior. If a people, Germans for example, have higher rates of suicide than others (French, Dutch), this is not due to some hereditary ethnic features, but

4 Doctors claim that the error in registering suicides in the forensic medical laboratories is practically zero. However, there is a problem with "masked suicide," for instance in cases of traffic accidents and family pressure on doctors not to declare suicide (Veress, Vadas, Rus 1997, 81).

rather to the type of civilization and society they have created. Second, Durkheim also rejects minority status as a cause of higher suicide rates, arguing, on the contrary, that suicide is often more frequent among majority groups. (It should be remembered that Harghita and Covasna are the only departments in Romania in which Hungarians form a majority.)

Case study: Harghita county

The second part of this essay focuses on the Harghita case, attempting to assign it to one of the four Durkheimian categories. It also takes into consideration the role of tolerance - understood as "non-interference with beliefs, attitudes or actions despite a lack of sympathy for them or despite dislike of them" - in creating the conditions for a type of society prone to suicidal behavior. However, before beginning this analysis one question must be addressed: In Durkheim's view, what is a society? Would the department of Harghita constitute a unit of analysis for Durkheim, or must we take Romanian society as a whole? According to Durkheim, a modern society is defined by a division of social labour supported by organic solidarity (based upon complementary differences between individuals). In these terms, Harghita is part of the Romanian society. This view is shared by Alina Mungiu-Pippidi, who has argued that "Hungarians do not constitute a distinct society, although they have a distinct culture" (Mungiu-Pippidi 1999, 219).

1. First hypothesis: egoistic suicide

According to Durkheim, this type of suicide is characterized by the non-integration of individuals into the group to which they belong: individuals tend to think more of themselves than of the group, having a low sense of moral duty towards the collectivity and feeling no social constraints. Durkheim associates this kind of suicide with an excessive individualism which isolates the person from his/her social group, a fact that leads to a lack of motivation for life and, consequently, to suicide (Durkheim 1993, 165). It is interesting to note that, according to Sandu, "pragmatic or liberal individualism is an important variable in Covasna and Harghita" (Sandu 2000, 169). However, this information may be misleading since the questions asked in the survey were about private property, state intervention, and pro-Western orientation (Sandu 2000, 181). More relevant to this issue seem to be Mungiu-Pippidi's findings. She argues that "the Hungarian community firmly defines its identity, the main feeling associated with identification being pride" (Mungiu-Pippidi 1999, 70, 73). Moreover, according to the famous 1991 Times Mirror Survey (cited by Mungiu-Pippidi), 40% of Hungarians in Hungary manifest antipathy towards Transylvanian Hungarians, second only to that for Roma. This rejection makes the Hungarians in Transylvania frustrated and leads them to seek a distinct identity from Hungarians in Hungary which, the author argues, leads to a greater solidarity and

in-group feeling among the former: "The necessity to defend their identity in Romania becomes stronger and the sensitivity towards group's status and prestige greater" (Mungiu-Pippidi 2000, 76). This trend is even more evident in a homogenous Hungarian area such as Harghita, where "Szelek are less interested in cohabitation than in their affirmation as a collectivity" (Mungiu-Pippidi 2000, 74). One convincing piece of evidence is Hungarian participation in community (as opposed to official) celebrations like that of March 15, 1848 (the day when the revolution triumphed in Budapest). This event is a community celebration in the sense that it is mounted in each town, and even in many villages, in the Szelek area with the mobilization, organization, and participation of the community, "a chance to hoist Hungarian flags, to self-affirmation and to strengthen the identity feeling" (Mungiu 2000, 109). This seems to disconfirm the hypothesis of an egoistic type of suicide among the Hungarians in Harghita, since group identification, solidarity, and integration are quite strong.

2. Second hypothesis: altruistic suicide

Altruistic suicide is the opposite of egoistic suicide. In Durkheim's words, "an individual tends to commit suicide easily when he/she is isolated from the social group, but also when that individual is too integrated in it" (Durkheim 1993, 171). Altruistic suicide is characterized by an excessively strong identification with the social group, where there is a primacy of the social group over the individual. It is specific to small groups where collective surveillance is possible and a high degree of homogeneity can be ensured. Suicide occurs when the group is in distress, and in this case suicide is seen as a virtue, a function of devotion to or sacrifice for the social group. It is often accompanied by social rewards such as esteem, admiration, and respect. It is specific to primitive, archaic societies or, in modern societies, to certain social groups like religious communities or the army.

This type of suicide requires a thorough discussion. As was cited above, against the relevance of egoistic suicide to the Harghita case, there is clearly a strong in-group feeling, solidarity, and identification of the Transylvanian Hungarians with their social group. Moreover, there is a constant need to affirm their identity as different from that of Romanians. Indeed, according to Mungiu-Pippidi's research, many Romanians were found to pity the Transylvanian Hungarians for being in a permanent state of mobilization (Mungiu 2000, 81). They are particularly sensitive to the status and prestige of their group, and their identification is associated with feelings of pride and a sense of superiority towards both Romanians and Hungarians from Hungary. Their sense of superiority towards the latter consists in speaking "a purer language" and living in the "cradle of the civilization" (Mungiu-Pippidi 2000, 73, 102), or, put more simply, in being more Hungarian than Hungarians. Therefore, it can be argued that the Harghita case does correspond to the social conditions prone to altruistic suicide: it is a relatively small group, well integrated, with a strong sense of group identification, put under pressure to seek and assert its

own defining characteristics. Moreover, it is in "a permanent state of mobilization" (similar to a martial community like an army) that requires the subordination of the individual to the goals of the social group.

Furthermore, Durkheim's argument is that altruistic suicide is specific to primitive, archaic societies. Here, Mungiu-Pippidi makes an interesting observation: in the Szekler area (of which Harghita is part) a special phenomenon is encountered in small towns and rural areas: "a regression towards a more archaic, parochial community as a reaction of discontent against sharing the same society with the 'Romanians'" (Mungiu-Pippidi 1999, 219). Moreover, according to the epidemiological study of suicide in the department of Harghita, it is statistically observed that "suicide dominates in the rural as compared to the urban area" (Veress, Vadas, Rus 1997, 81)[5]. This predominance of suicide in the rural areas is extremely relevant since, according to Durkheim, in all the other types of suicide (egoistic, anomic, fatalistic), people living in urban areas tend to commit suicide more often than those living in rural areas. There seems, then, to be some evidence to suggest that altruistic suicide may be the most relevant of Durkheim's categories to the Harghita case. I will now deal with the two remaining types and then return to this one to discuss it in more detail (as well as in connection with the minority-majority problem, since the regression towards archaic, parochial communities can be seen as related to it).

3. Third hypothesis: anomic suicide

Anomic suicide is specific to modern societies and characterized by a weakening of the links between the group and the individual and by a lack of precise social norms, manifested especially in times of great social disorder or trouble (for example, the 1929 Wall Street Crash or the period after 1991 among the Russian population and army). Being determined by an anomic, or pathological, situation, this type of suicide is marked by dramatic increases in suicide rates (as compared to normal levels).

In this case, there is no weakening of the links between the individual and the group (as previously argued). Furthermore, if the post-communist transition were to be understood as a time of great disorder, then it should affect Romanians just as much as Hungarians. In the survey conducted by Mungiu-Pippidi, both Romanians and Hungarians confessed to the same worries and difficulties regarding contemporary Romanian society, voicing similar views on inflation, unemployment, privatization, living standards, production increases, government change, corruption, and individual freedom (Mungiu-Pippidi 2000, 249). However, we must take into account the historical change in the suicide rate in Harghita: 18,82% in 1990, 23,41% in 1991, 32,73% in 1992, 38,45% in 1993, and so on, reaching 43,9% in 1997 and 45,5% in 1998. I would argue, given the previous observations that this increase is not due to anomic conditions but rather to a change in minority-majority relations, which in turn modified the

5 Mortality Trends in the World, United Nations Publications, N.Y. (1999)

group structure and dynamics, as well as the need for identification. The communist period was characterized by a policy of uniformization, aiming at eradicating any differences among individuals as well as groups: there could not be a Hungarian "new man" and a Romanian "new man", since nationality was considered "false consciousness." Moreover, the communist period was also a period in which Romanians and Hungarians were united by the existence of a common enemy, sharing the same problems and difficulties (79% of Romanians and 77,1% of Hungarians believe that both ethnic categories suffered equally under the communist regime (Mungiu-Pippidi 2000, 126). To sum up, during the communist period, there was neither the possibility nor the need to assert a group, let alone a minority, identity. This changed after the fall of communism, allowing or even forcing (for instance, in the violent confrontation between Hungarians and Romanians in Targu Mures in 1991) a rediscovery of Hungarian minority identity, thus explaining the changes in the suicide rate. Given these facts, I argue that the Harghita case does not fit into the anomic suicide category.

4. Fourth hypothesis: fatalistic suicide

Fatalistic suicide is characterized by the existence of extremely rigid social regulations, such as those under authoritarian and totalitarian regimes, which induce a feeling of helplessness in the individual (a typical example being that of the prisoner or the inmate). Although, on first impression, this type of suicide seems completely irrelevant to our case, many Hungarians in the Szelek area may not perceive it as such. For one thing, all the policemen are Romanians, even in the Hungarian majority villages and towns. Moreover, until 1996 the Romania positioned military units in the area and appointed Romanian prefects. The Hungarians complained of a "psychological state of military occupation" (Mungiu-Pippidi 2000, 190). However, after 1996, all local administration was Hungarian and the suicide rate did not decline (although the time required for the suicide rate to reflect the administrative changes should also be considered). Moreover, it is hard to believe that such celebrations as that of March 15th would be possible if conditions were as extreme as those required for fatalistic suicide. Another question raised in this regard is why the suicide rate was much lower under the communist, totalitarian regime.

Conclusions

After examining the four hypotheses, it seems that the most reasonable explanation for suicide rates in Harghita is provided by the category of altruistic suicide. This category requires high group cohesion (Hungarians) with low social cohesion (Hungarians-Romanians). It reflects the social isolation of the groups and the minimal interaction between them - a fragmented society, comprised of islands of identity, regressing towards closed, archaic communities. Given this context, let us now return to the questions raised in the

introduction to this study: Is tolerance a sufficient condition for producing a functioning multiethnic and multicultural society? Does tolerance mask a malfunction in Romanian society, manifested in the suicidal behavior of the Hungarian minority? Clearly, tolerance is not sufficient in itself since it cannot prevent isolation and non-communication between groups. Tolerance entails a lack of negative interference between groups, but does nothing for the lack of interaction and contact between them. Put more simply, tolerance is inadequate to the tasks of ending ethnic animosity and promoting cooperation and communication between social groups, which is the basis of any functioning society. Indeed, as we have seen, tolerance can serve only to mask a social malfunction (as reflected in high suicide rates) and to hinder a more profound approach to the problem of cohabitation.

How might we envision possible solutions? What might foster greater social integration? How might cooperation and communication between social groups be achieved? First of all, we must admit that this problem exists, lurking behind the veil of tolerance. Then, by emphasizing what Hungarians and Romanians have in common, collective goals can be defined that will bring together and channel their energies as part of a single society. More precisely, an example of such commonality might be found in the difficulties both groups face in dealing with the transition period (see Mungiu-Pippidi's quoted survey). Moreover, the Hungarian group should be given reasons to be proud of being part of Romanian society as well. An improvement in Romania's overall economic, social, and political performance would considerably ameliorate this situation. Given these necessary conditions - acknowledgement of the actual situation, establishment of common goals, and higher levels of overall development - I am quite pessimistic about the prospects for rapid change and an imminent solution to this problem.

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