

Rain of Blame Fall: The Lived Experience of Iranian attempted Suicide Women

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Abstract

Introduction: *Suicide is one of the most important concerns of world health organization and a history of suicide attempt is best predictor of completed suicide. Previous studies typically focused on causes and relative factors but studies on suicide attempter are very few. Whereas understanding the pure experiences of suicide attempter is helpful to prevention strategies. The aim of this study was exploring life experiences of suicidal women after suicide attempt.*

An interpretative phenomenology research design was employed. All participants 4-6 month after admitted to hospital as suicide attempt interviewed. Semi-structured, one-on-one in-depth interviews were conducted and Van Manen methods were used for data analysis.

The main identified themes was “rain of blame fall” which comprised the following subthemes: blaming, self-blaming and blame others

Conclusion: *Experiences of suicide attempter showed they were faced to multiple type of blame. Suicide attempter and their family needs to be educated and supported from blames. The findings have implications for attempter family, nurses and counselors working in the area of suicide attempt prevention and recovery.*

Keywords: blame, suicide attempt, lived experience.

Introduction

Global suicide rate has increased from 16 per 100,000 individuals to almost 30 per 100,000 individuals over approximately half of century (Bertolote & Fleischmann, 2015). The World Health Organization (WHO) reported that almost one million people die from suicide in each year (World Health Organization, 2015). In other words, there is one suicide attempt in every 1–2 seconds and one suicide death occurs in every 20 seconds (Bertolote & Fleischmann, 2015). In addition, suicide attempt is the strongest predictor of subsequent suicide (Beghi & Rosenbaum, 2010).

In the majority of Islamic countries, suicide rate is low (Lester, 2006), but there is an increasing rate in Iran, the suicide rates per 100 000 people are 5.3 in both sexes, 3.6 in females, and 7.0 in males (Mirhashemi, Motamedi, Mirhashemi, Taghipour, & Danial, 2016). Although mean range of suicide rate in Iran is lower than the global range, but it is equal to or greater than the global rate in some provinces some. For example in Ilam, the suicide death rate was 10.0 in men, 26.4 in women per 100,000 and attempted suicide rate was 41.8 and 64.5 per 100,000 men and women, respectively. In contrast the global suicide rate, both the death and attempt of suicide rates in Ilam is higher in women and both suicide and attempt of suicide rates is the highest among 20-29 years old (M. Janghorbani & G. R. Sharifirad, 2005).

In 2014, the WHO published a report on suicide prevention to show concern regarding suicide and inform the world concerning the priorities of suicide prevention (Knipe, Metcalfe, & Gunnell, 2015). As we know, previous attempt to suicide is a major risk factor contributor for a subsequent completed suicide (Chen et al., 2012). It means if somebody attempt to suicide, we must protect he or she against completed suicide, but a large proportion of suicide attempts, after medical or surgical emergency care, leave the hospital without any support from a mental health care professional (Hickey, Hawton, Fagg, & Weitzel, 2001) Whereas, post-suicide attempt treatment decreases the risk of recurrent suicide attempt (Tejedor, Diaz, Faus, Perez, & Sola, 2011).

Social constructions strongly affect experiencing disease or events. As we know, cultural meaning influences the experience of some illnesses and based on how individuals live with it, all illnesses are socially constructed. On the other hand, claims-makers and interested parties are useful point of the medical knowledge regarding illness and disease (Conrad & Barker, 2010). Both culture and environment have impact on life experience and the healing process of a suicide attempter (Tzeng, Su, Chiang, Kuan, & Lee, 2010). Then, every society may need to conduct special research on experience after suicide attempt and share it with their families and health care society. The main purpose of this study was to explore the lived experience of suicide attempt women after suicide attempt.

Methodology and Method

Using qualitative research approach, hermeneutic phenomenology seeks to inform the understandings of a phenomenon at a point in historical time (Dreyfus, 1991). Phenomenology was chosen as the method to solicit the stories of women that attempt suicide and go to home without any psychological and supportive intervention.

Before data collection, the ethical approval was granted from the ethical committee of Tehran University of Medical Science and the ethical committee of Ilam University of Medical Science. Confidentiality was maintained through the use of pseudonyms and by the removal of identifiable personal details from the participants' transcripts and only the first author had direct contact with the participants in this study.

The data analysis occurred over approximately 12 months as interviews were completed and transcribed. Purposeful sampling method was used to collect data from participants. We tried to enter multiple kinds of suicide attempt methods to study; therefore, we selected two central hospitals for sampling named Mustafa Khomeini hospital and Taleghani hospital. All cases of suicide attempts referred to these hospitals. Inclusion criteria were: being hospitalized due to attempted suicide; , able to speak Persian or Kurdish, aged 18 to 45, no history of cognitive disorder such as schizophrenia or disorders that interfere with the interview process (Bergman & Links, 2002).

During the study we had 4 cases of self-burning that unfortunately all of them died after maximum one month. One case of hanging transferred to prison. During the study we had not another type of unsuccessful suicide; therefore, all interviewed completed by drug ingestion that is most common method of attempted suicide in women (M. Janghorbani & G. Sharifirad, 2005). All potential participants were introduced to study by researcher immediately after being hospitalized as suicide attempter. Each potential participant received oral information regarding the purpose of the research and was notified that they had the right to refuse to participate. Those who expressed interest in participating in the study provided their contact details so that the researcher could call them to continue the study.

After assigning of informed written consent, an in-depth interview was conducted with seven participants in the researcher's private clinic. Six participants were interviewed two times and one of them left the second interview because of suddenly diagnose of uterine cancer. Each interviewed was audiotaped and verbatim transcribed. Duration of interviews varied from 45 to 95 minutes. The interviews constituted of guided conversation beginning with an open-ended primary trigger question: "I would like you to tell me about how your life has been since you did attempt to suicide?"

Several additional predetermined interview questions were used to stimulate ongoing dialogue and ensure that similar context was covered in each interview. These questions were open-ended to encourage contributors to answer in their own voice and concentrate on participants' reconstruction of their life experience. Throughout each interview, the researcher intended to be alert and open to what was being said and to any silences. Researcher has listened closely to the participants and has interpreted meaning in order to ask other questions based on what raised. The researcher observed the verbal and non-verbal behavior of the participants further and their responses to the situation by recording these in a journal after each interview, during transcription and analysis. Participants were contacted and invited to clarify their stories again after tapes were transcribed.

Data Management and Analysis

Hermeneutic phenomenological analysis involves the researcher in reflection on both the content (narratives) and process (journaling insights) of unstructured interviews. Six steps outlined by van Manen were selected to provide the framework for this” (Van Manen, 2010). All interviews were entered to MAXQDA Software (version 10). At first we had a holistic approach to each interviews then we read all paragraphs and focused on line by line text to extract concepts. Concepts made subthemes and subthemes explained themes. Extracted themes were verified and validated by three junior and experienced colleagues.

Rigor and Quality of Findings

The most common criteria used to assess the rigor of qualitative research are those proposed by Lincoln and Guba (1985). The criteria are “credibility, dependability, confirmability and transferability” (David Shaw PhD, 2013). We gained this object by focusing on suitable setting, information source, qualified participant, close and long contact with participant, introducing participant for data interpretation, counseling with psychologist, sociologist and phenomenologist for data accuracy

Result

All participants (n=7) were hospitalized due to attempted suicide by drugs ingestion. Their age range was between 20-37 years old, 6 people attempted to suicide instantly without previous plan and 1 person decided to attempt one day before. Table1. Provides more detail about participants.

Table 1: Participant information

No	age	Education	Marital Status	Job Status	Economical Dependency Self-reported	Past Psychological Disorder history Self-reported	History of Suicide Attempt
1	22	Diploma	Married	Housewife	Dependent	-	No
2	29	Academic	Divorced	Housewife	Dependent	+(Depression)	Yes
3	25	Diploma	Married	Housewife	Dependent	-	No
4	37	Academic	Married	Housewife	Dependent	-	No
5	20	Academic	Single	Student	Dependent	-	No
6	29	Academic	Single	Employee	Independent	+(Depression)	No
7	35	Academic	Divorced	Housewife	Independent	+(Depression)	No

One of the main themes extracted from this study was 'rain of blame fall'- All participants of this study had hidden their suicide attempt from others, but in spite of their secrecy they were being experienced heavy burden of blame from who was awarded about their suicide attempt like family and loved one. They were not only blamed by others, but also experienced self-blaming. Rain of blame fall had started from hospital and continued approximately two months. When positive personality changes began, self-blaming decreased and disappeared. Rain of blame fall extracted from three sub-themes including blaming, self-blaming (auto-blaming) and blaming others. More detail presented at table 2.

Table 2 theme and subthemes

Blaming:

theme	subtheme	concepts
Rain of blame fall	blaming	blame stigmatic action
		blame week personality
	self-blaming	for hurt family
		for week personality
	blaming others	remembering faults
		Remembering unkindness's

Blaming is one of the first expressions experienced by suicide attempters. They have heard multiple blaming after being conscious. Families were shocked of member suicide attempt and immediately tried moving them to the hospital. They were afraid of losing their member and were showed emotional reactions. Suicide attempter thought that their families blame them in spite of awareness of their bad situation. Suicide attempter perception of blaming by family and loved one has two sub-themes including blame stigmatic action and blame week personality.

Blame stigmatic action

All of participants of this study hide their suicide attempt from others even if their family member was not in home during their hospitalization. Suicide attempter told that they experienced blaming because of bad social face of suicide attempt. In this regard participant NO2 that was angry about her family; thought they did not love her and suicide social stigma is more important than her. Her voice was full of angry;

My families just think about their situation and social stigma. **My mom told that why you do that? You want to dishonor our family?** You want people to think that we cannot **care of our daughter?** (Participant 2, suicide cause; revenge of family)

Participant NO 5 attempted to suicide because of challenge with her boyfriend. Her family tries to hide her attempt from others, but their daughter told the incidence to her boyfriend. She had forgotten her life and herself and was just afraid of heart breaking in relationship. Her face was full of fears and dependency stress. She experience serious blame from family and boyfriend;

“Tears appear in my dad eyes and I was near to cry, just told me **“are you proud of your attempt? Do you think it was good? Why you do this?** Do you think this boy deserve? Do you know it is **a dishonor for our family? Do you know what happens if somebody else be aware of your suicide attempt?**” Mohammad feared of losing me. He told **“Do you think by the attempt, you will be sweeter for me?** I hate you now, do you know? “Mohammed decided to delay our marriage just for punishing me. He reminded my attempt and hurt me. **Blame me.**” (Participant 5, attempt cause: unstable personality boyfriend)

Blame week personality

Participant thought that their family and loved one by focusing on personality had blamed them. They cannot believe that their special and strong member cannot handle life problems and tried to kill their self. In this regard participant NO 6 that was teacher and had special face in family told:

“They told me you are teacher and suicide attempt is not suitable for your dignity. They advised me repeatedly and it made me angry. I am a teacher, teacher are human. They have heart and emotion like others? Just be a pattern for others and she hasn’t the right to live? **They told it was not expected of your personality we thought you have strong personality.** My boyfriend **blamed me too repeatedly,** and said **you didn’t have the right to attempt suicide.**”(Participant 6, attempt cause: jealous boyfriend)

Participant NO 4 was **hiding her attempt from family, except her husband. Therefore, no one exists for blaming just her husband. It seemed she was a volcanic angry emotion and needs to be quiet by husband attention.**

“My husband was the main cause of my attempt, but in spite of this fact he started to blames me. He told that your decision making had been poor. You couldn’t do that. It’s not expected of your personality. You were strong in life and it was not for you to kill yourself.

Self -Blaming

Suicide attempter told that they blamed not only by others but also they blamed themselves too. They had cried and had experienced emotional changes regarding to self-blaming. They did not explain their blame for family or loved one; they just had tolerated it lonely. Self-blaming origin was for hurt family and for week personality. Self-blaming them has two sub-themes named self-blaming for hurt family and Self-blaming for week personality.

Self-blaming for hurt family

Suicide attempter affording to kill themselves made their family worry and put them in stressful situation. They saw their family emotional reaction and started to self-blame.

Participant NO 3 **attempted suicide because of her husband’s insufficient attention, but she hurt her mother and her family. She tolerates special pain in hospital and fears her full body. Her experience made her very repent and it was appearing in her face;**

“After my attempt, my mother is caring me more than before, she suffered and she was very worry and stressful about me and I am sad about her. When I survived and I saw my mother’s emotional pain, I blame myself very much. It was because of my fault. It was very childish decision; I could try another ways to solve my problem. It was foolish. Many times I cried and I was ashamed of my family”. I was angry of my husband **but I hurt my parents, it is blamable.** I hurt my boy and it is blamable for a mother. **I put them in stressful situation.** I told to myself your action was childish, **you hurt your mother.** She fears for you. **I am bad girl”.** (Participant 3, attempt cause: husband inattention)

Participant NO6 told about emotional hurt and consequences of her decision: I was angry of my boyfriend but I hurt my mother. **She lost one of her daughters before and I want to hurt her again. I was irresponsible.** In another hand I put my family in stigmatized situation. My sister marriage may effects by my suicide attempt. **I was very selfish. I was immature.**

Self-blaming for week personality

Suicide attempter thought their deciding to die scratched their personality and they made family hopeless. Thinking about strong personality made them regretful. Participant NO 5 looked at her past decision and was shocked. She saw her family and boyfriend's reaction and causes of her attempt; she can't believe her decision at all. Regret and sadness appeared in her face;

"It was unbelievable, **why I tried to kill myself because** of Mohammad? Why he should think that I want to die because of him and keep this view all over our life? I loved him very much more than myself. **It's very childish decision. I hate myself. I was stupid.** If I tried to die for myself, it was not matter; but it was for another one. I could speak to Mohammad and explain the problem for him, but **my decision was very childish. I blame myself very much.**"(Participant 5, attempt cause: unstable boyfriend)

Participant NO 6 was hopeless and desire to die was still present in her voice and her eyes. But family reaction to her attempt changed her mind. It seemed that others' belief to strong personality helped her to be stronger or made her regretful;

"**Why I did it?** My family taught me that I have been different from others and did not **expected to kill myself, it was unbelievable for me. It changed my personality in their mind** and it is not good for me. I want their previous belief in my personality and my wisdom, but I destroyed their beliefs". (Participant 6, attempt cause: jealous boyfriend)

Blaming Others

When suicide attempter opened their eyes, they were blamed by others. Blaming was not unilateral from others to suicide attempter, but it was bilateral from suicide attempter to others. They believed that their family or loved one was the main cause of suicide attempt decision and tried to remind their negligence, fault and shortage about them. Remembering faults and

Remembering faults

Participants after coming back to life remembered faults to other people. Participant told faults that were related to suicide attempt in their mind. For example participant NO 1 was angry about her husband's laziness In. her voice tone, a type of thoughtless was heard. She told:

"God knows that my husband *is blamable*, he didn't work, he didn't try to earn money, and if he hadn't money he must not have marry. He is not a child; He is 10 years older than me. He must understand my condition, but **he was very carefree.** I taught that I have to care him. **I told him that you are the cause of my attempt. You led me to choose suicide by your laziness. You are guilty.**"(Participant 1, attempt cause: husband irresponsibility)

Participant NO 2 used hateful world to describe her family and her face was full of sadness, empty of hope.

“I blame my family repeatedly, I told them that you are blamable, you are the main cause of my attempt and you are guilty. If you let me go to university like other girls, my life would change, but you preferred to marry me to an addicted man like a sex worker. I was accepted in several universities, but they **didn’t let me to go**, just because of my gender. Because I was a girl and in your mind, girl can’t go alone to university far from home. “(Participant 2, attempt cause: revenge of family).

Remembering unkindness’s

Participant told that they did not received enough attention and love from family or loved one before their attempted to suicide. They were remembering their unkindness. In this regard participant N5 told:

“Mohammad did not tell love me. I thought he did not love me as I love him. Sometimes he was inattentive to me. I told to Mohammad that why you hurt me and led me to attempted suicide. You made me angry and you are my suicide attempt cause. You was very inattentive to me, your behavior was unlike about me. You discussed about all things with me. Even I try to show myself to you, you did not see me more than before you beat me for s Remembering unkindness’s mall reason.”

Participant No 7 told:

“My family tries to care me but I told them that you *were inattentive to me. You **did not love me and my daughter.** I did not need your attention know.* I remember your past reaction and past behavior with me and my daughter. I remind my brother reaction about Narcis (my daughter). When Narcis wanted to see him and he did not open the door. Saeed (my boyfriend) behavior was very bad. He leaved me alone. I remember all of family and Saeed unkind behavior and told them that I do not like to see you. My sister was unkind too; I was not acceptable for me”

Discussion

Suicide attempt is a selective decision to die in which a person try to kill him/her selves (Shneidman, 1977). Suicide attempters’ trying to death had been incomplete and they were come back to life and experienced a new situation after their suicide attempt. These research results indicated that suicide attempter experienced rain of blame fall. Blame was shedding on suicide attempter from herself, family members, third person (usually loved one), which is starting from the hospitalization process to home. Blaming by others was seen in situations where people endanger their lives such as patients with preventable cancer (Marlow, Waller, & Wardle, 2010; Wang, Zhan, Zhang, & Xia, 2015) and patients with brain injury due to vehicle crash (Linden, Hanna, & Redpath, 2007). In all above-mentioned conditions, participants were able to prevent from the current problem. Since suicide attempters tried to hurt themselves, exposed family to stigma therefore, they were blamed by others .Like our founding, suicide attempter is blamed by

family (Graham, 2012). However, blaming was not reported in some studies regarding lived experience of suicide attempter (Holliday & Vandermause, 2015; Tzeng, 2001; M. Vatne & Naden, 2012)..All participants of these studies were received psychological or supportive care. Maybe their family was prepared for helping suicide attempters and did not blaming them. Family awareness of coping with style and behavior's post-suicide attempts is helpful (Orri et al., 2014), but Iranian family is not prepared for suicidal management and public media are not interested or permitted to address about it. On the other hand, social and culture have an important role in the perception of experiences (Conrad & Barker, 2010). It seems stigmatized social face of suicide attempt in Iran prepared situation for people to blame attempted suicide people in spite of trying to understand them. In another hand blame has a major role in the next complications such as guilt and shame therefore, it is highly important to consider it (Gilbert & Miles, 2000). Study result showed that participant be blame because of stigma. Suicide stigmatization in Iran is based on rumors after suicide or suicide attempt especially about women and its abomination in religion. Rumors have effects on family opportunity in future therefore family hide it and blame their member because of unconsidered action Maybe traditional societies dispose family to blame suicide attempter more than other society.

Rain of blame fall is multilateral including blaming, self-blaming and blames others. Self -blame was highlighted than others. Suicide attempter injured their family, scratched their dignity and in their mind it was blamable. Tzeng (2001) showed that "suicide attempters were in pain and blamed themselves for having no sense of responsibility for their parents after being rescued" (Tzeng, 2001). In another studies, people who experience traumatic life event may blame themselves. They perceived that they could prevent from their victimization (Davis, Lehman, Silver, Wortman, & Ellard, 1996). Self-blame is an ineffective coping skill in adolescent as self-harm (Greydanus & Shek, 2009) and integrating theory and research on blame attribution predicted that auto-blame mediates internalizing problems (McGee, Wolfe, & Olson, 2001). Iranian women after the tragedy of attempted suicide also faced self-blaming. Blaming and self-blaming was higher level of blame in suicide attempters. Clinicians only diagnose the self-blaming suicidal type as suffering from depression. They need containment and supportive relationships (Everall, Bostik, & Paulson, 2006; May Vatne & Nåden, 2013). Psychological intervention after suicide attempt is necessary (Huisman, Pirkis, & Robinson, 2010), whereas suicide attempt in Iran is taboo and no intervention after discharging from hospital exists. Similar investigations on attempted suicide were reported as guilt and shame in participants (Bostik & Everall, 2007; Everall et al., 2006; Tzeng, 2001; May Vatne & Nåden, 2013), while our participants mentioned specially self-blaming. They thought that their decision making was wrong and they must choose another way of reaction.

Another lateral of blame was family. Usually, attempters' parents and relatives are exposed to be blamed by each other and others (Henry-McAllister, 2012; Ness & Pfeffer, 1990) while our study results indicated that they were blamed by attempters. They tried to remind past faults and negligence of family or loved one, specifically who assumed to be the main cause of their attempt. It seemed that they found an opportunity to protest and tell their pains Similar to our study, Orii et al. (2014) showed that others also blame after suicide attempt (Orri et al., 2014).

Blaming others and feeling that one could have avoided the event were the successful predictors of poor coping (Bulman & Wortman, 1977). Iranian women freedoms and available choices rather are fewer than men. Maybe this situation increased blaming others for life evens because they believed that are not constituent and maybe put them in poor situation of healing.

Rain of blame fall was special finding of our study. Suicide attempters experienced stressful situation before and during suicide attempt (Gilbert & Miles, 2000; Suresh Kumar & George, 2013) and now are faced with multiple types of blame. Iranian traditional culture and uneducated society in regard to correct behavior after events faced suicide attempter with high level of blame. Women after coming back to family must pass the new situation alone. They need extra supportive care and education concerning society common event like suicide attempt. Power (2004, 2007) "suggests that we need to nurture local cultures so that they are less blame-oriented and more learning-focused and establish "a new politics of uncertainty" (Power, 2008).

Conclusion

This study indicated that blame is one of the main themes in the suicide attempters' life experience. Rain of blame has fallen on Iranian suicide attempters and their family without any protection and preparation. Suicide attempters blame themselves repeatedly and others also blame suicide attempter too. Blame creates a new stressful situation for suicide attempters and has negative effect of recovery process. On the other hand, family members face to be blame and rebuke from suicide attempters. They must be ready for it in order to prevent more stress on the suicide attempters and themselves. The study findings can have implications for the public and policy. Public educations regarding moral and behavioral changes after suicide attempt help them to understand their new situation and choose the best reaction. Moreover, these findings can be used by policy-makers in several fields such as professional health care or prevention planners or social emergency centers. The authors suggest conducting more research on blaming in men after suicide attempt.

The limitation of the study was absence of multiple suicide attempt methods in samples. We recommend next study to introduce multiple type of suicide attempt method. We recommended study of men experiences after suicide attempt in traditional society because of their different position in society.

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