Fear of stigma: The lived experiences of Iranian women after suicide attempt

Maryam Azizpour PhD1 | Ziba Taghizadeh Associate Professor1
Nooredin Mohammadi Associate Professor2 | Abouali Vedadhir Associate Professor3

1Department of Midwifery and Reproductive Health, School of Nursing and Midwifery, Tehran University of Medical Science, Tehran, Iran
2Department of Critical Care Nursing, Faculty of Nursing & Midwifery, Center for Nursing Care Research, Iran University of Medical Sciences, Tehran, Iran
3Department of Anthropology, Faculty of Social Sciences, University of Tehran, Tehran, Iran

Correspondence
Nooredin Mohammadi, Department of Critical Care Nursing, Faculty of Nursing & Midwifery, Center for Nursing Care Research, Iran University of Medical Sciences, Tehran, Iran.
Email: nooredin.mohammadi@iums.ac.ir, with a copy to the Editor: e426@twc.com

Abstract

Background: Suicide attempt is the most important predictor of completed suicide. The aim of this study was to explore the lived experiences of women after suicide attempts.

Methods: This was an interpretative phenomenological study carried out through in-depth semi-structured interviews with 13 interviews. Data were analyzed using Van Manen method.

Results: Women of this study experienced fears of stigma. Their fears were not only related to labels of being "unbelief and mentally illness but also being involved in illicit sexual affairs." On the other hand, they were afraid of labeling "mental illness" and also "doing an unacceptable action."

Conclusion: The women tried to hide their suicide attempts because they fear of being labeled by others. It is recommended that societies and families progress toward becoming free of stigma of suicide and suicide attempt.

KEYWORDS
interpretative study, lived experience, stigma

1 | INTRODUCTION

Suicide is the act of intentionally terminating one's own life that fails to death.1 Based on the increased suicide attempt rate in the past half century, the World Health Organization (WHO) has announced it as an important health concern.2 In the near future, it is estimated that the incidence of suicide attempts in different societies will be 20 times greater than that of current rate.3 Considering the present rate of 11.4 per 100,000 of successful suicides4–6 and taking into account suicide attempts 20 times more frequent than completed ones, the rate of attempts will be reached 228 per 100,000 individuals.

According to Statistical Centre of Iran (SCI), the rate of suicide attempts in most provinces has increased. In this respect, Ilam province and its female shares have been notable in recent years. The financial and psychological costs of suicide attempts have become a critical challenge for most of societies and their people. The short-term and disability costs of suicide attempts in the United States of America (USA) was 58.4 and 97.1 billion dollars, respectively, in 2016.6 On the other hand, suicide attempt leads people to feel guilt and experience shame and self-blame.7,8 It is believed that the previous history of suicide attempts is one of the strongest predictor of completed suicide.9–11 Although there is an urgent need to study suicide attempts for reducing the costs of the healthcare system, unfortunately most studies have merely focused on the prevalence,12,13 causes,14 suicide methods,15 and prevention of suicide.16 However, few studies are available on the experiences of people after suicide attempts.17–20 As Goffman reported, people's experiences have been affected by cultural and social norms of their society. So, paying close attention to cultural attitudes in traditional societies seems necessary to reduce the rate of suicide attempts.

2 | BACKGROUND

Iran as a traditional society has a patriarchal and male-dominated context. Women are dependent on men and defined by them. Interactions and relationship between family members affected by the society's conventions and traditions put women in sensitive positions22 and lead to violence against them.23 Since in many cities of Iran, women are less valuable and more vulnerable than men,24 a similar phenomenon can bring about completely different consequences for women than it does for men. According to the specific status of women in some places, the higher rate of suicide attempts is not an unexpected occurrence.25,26 In some provinces of the country with inflexible attitude to traditional culture, the high rate of successful suicide attempts occur due to self-burning.25,26 In above-mentioned places, suicide is stigmatized and
Choosing people who had the required experience. Choosing a location to approach in our society, we tried to explore the lived experience of Iranian women after suicide attempts. According to Goffman (2009), stigma leads to adverse effects or disrupts the treatment process. Therefore, based on the sex differentiation approach in our society, we tried to explore the lived experience of Iranian women after suicide attempts.

3 | METHODS

A phenomenological study using the hermeneutics approach and benefiting from the six-stage process suggested by Van Manen (Table 1) was used to improve our understandings of lived experiences of women after suicide. Prior to commencing the study, the approval of the Ethics Committee of the Research Center of Tehran University of Medical Sciences was obtained.

Unfortunately, due to stigmatizing attitudes toward suicide, the research sampling efforts to contact past suicide attempters from State Welfare Organization, being time saving as well as providing the possibility for familiarity with different suicide methods, failed. So, two teaching hospitals as the referral centers where suicide survivors were accessible after their aborted attempts, based on purposed sampling, were selected for gathering samples. The researcher attended natural setting of the study to gather samples among all the suicide cases who were admitted to these hospitals after examining their eligibility and willingness to take part in the research. Due to the cultural sensitivity of the survivors and their families to suicide, the researcher tried to communicate empathically and compassionately with attempters to improve the chance of their participation in the study.

4 | SAMPLE SIZE

The sample size in qualitative studies typically relies on “data saturation,” a point where no new data emerges. During this interval, the researcher was in contact with the participants via phone and Internet (WhatsApp® and Telegram® messengers) to encourage them to continue and follow the study.

Seven participants were interviewed for achieving sufficient information required to understand the phenomenon under the study. At the beginning of the study, no special method of suicide attempt was targeted, but in the process of data collection, four cases of suicide attempts using self-burning method were recruited. Unfortunately, all of them expired after 1 month and one other case of hanging herself moved to the prison as a murderer. Collecting samples prospectively through teaching hospitals, following to the failure of the first method, in addition to taking a long time of the study, mostly due to attempters’ deaths or recovery period, deprived the project of introducing various suicide methods. Finally, all interviews were conducted with the cases of suicide attempters survived from drug ingestion as the most common method of suicide attempt selected by women. Two individual face-to-face interviews lasting 45–90 min were held for each participant to collect data in a private clinic. The researcher initially directed the interview process through asking probing questions of “What are your experiences after the suicide attempt?” and “How different has your life been after the suicide attempt compared to before that?” The interviews were transcribed verbatim and entered into the MAXQDA software V.10. A holistic approach was used to explore the overall idea behind the data. The transcription was coded line by line and analyzed prior to conducting the next interview. The procedure of data collection and data analysis took approximately 18 months.

5 | RIGOR OF STUDY

Four criteria defined by Lincoln and Guba (1985) including credibility, dependability, transferability, and conformability were considered for soundness of the study. In this regard, a suitable environment was chosen to collect rich data on the study phenomenon. To gain the trust of the participants and provide freedom of speech, a long, persistent, and deep contact was established between the researcher and participants. On the other hand, the result of data analysis and interpretation of findings were shared with participants to remove misunderstandings and increase data objectivity. Also, a psychologist, a sociologist, and a phenomenologist collaborated in this study.

6 | RESULTS

6.1 | Participant’s characteristics

The average age of participants was 20–37 years. All of the suicidal attempts occurred by taking drugs. At first, one of them wanted
to attempt self-immolation, but she attempted suicide by using drug because she encountered her husband’s opposition. Someone else wanted to attempt taking aluminum phosphate tablet (known as “rice tablet” in Iran), but she could not access it (Table 2). All the women before or during suicide, directly or indirectly, talked to one person about their decision to commit suicide. Four of them believed, but three of them were incredulous at their attempted suicide stories. In all cases, there was at least a man labeled as a suicide cause or motivator. Based on interviews, three participants were unfaithful and just one of them was completely faithful to God. Four participants had experienced suicidal thoughts before committing it, but six of them had instantly attempted suicide. All participants had assumed that high doses of drugs would kill them.

Exploring the lived experiences of women after suicide attempt is the topic for the doctoral thesis of the researcher. Due to the broad subthemes, it was not possible to include all of themes in one article; therefore, one of the main themes named “Suicide stigma” was selected for this present paper. Suicide as a stigma reflected society’s dialogues and judgments about suicide attempters (Table 3).

### 6.2 Stigma after a suicide attempt

Just a few minutes after leaving behind the stressful experience and regaining consciousness, women faced a deep fear of the consequences of their attempts. Living in this traditional society had taught them what rumors would be spread. Based on gender sensitivity and fragility of women, the greatest concern and challenge of attempters and their families after their incomplete measure was thinking about what might be said about them and how they be judged by people. As a consequence, to prevent next complications, they and their relatives had tried to hide their stigmatized attempts from others. In this new stressful situation, attempters’ social honors and status had been threatened. There was not only fear of being labeled “illicit sexual relationship” but also fear of their mental health might be scratched. On the other hand, their divine spirit and their relationship with God had been threatened. Overall, suicide is not acceptable in traditional Iranian societies at all.

### 6.3 Fear of illicit sex label

Based on traditional context and according to participant’s interviews of current study, the first judgment of people about female suicidal attempters is the label of “illicit sexual relationship.”

“In this regard, participant No. 1 stated that unemployment and irresponsibility of his husband caused his suicide attempt.” She said:

*My husband said: ‘You are a woman. Do you know if you kill yourself, what do people say about you? Do you know what will be the result? You will lose your honor. That will be an ignominy! People will say that you have had extra marital sexual relationships! No harm will come to me! You will be considered guilty.’*

Participant No. 5 also said:

*My dad said: ‘if someone see you here [hospital], it is not good. We are living in Ilam! No one will say you did it because of a stupid reason (just for falling in love). Maybe they say something bad has happened to you! (You had illicit sex).’*

The first thing that will come to people’s mind is the worst thing. I am virgin and I know they will think I lost it or I was raped by others, therefore I tried to kill myself. One of our family members saw me in the hospital. My aunt lied and said ‘she has had kidney problems.’ We asked the doctor and nurses not to disclose my suicide issue.

### 6.4 Fear of unbelief label

According to participants’ interviews, disclosure of their suicide attempts exposed them to the accusation of unbelief in God. Participant No. 3 said:

*I am afraid of being accused. If others know what happened to you [suicide attempt], they think you are far from God! How much you are unfaithful (unbelieving) that you*
**TABLE 3** Themes and subthemes developed in this study

<table>
<thead>
<tr>
<th>Code</th>
<th>Subtheme</th>
<th>Main theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost virginity, Extra marital relationship, Being raped</td>
<td>Fear of illicit sex label</td>
<td>Fear of stigma</td>
</tr>
<tr>
<td>Having no faith, Not include God mercy, Far from God</td>
<td>Fear of unbelief label</td>
<td></td>
</tr>
<tr>
<td>Labeled crazy, mad, psychopath, depressed</td>
<td>Fear of mental illness label</td>
<td></td>
</tr>
<tr>
<td>Not accepting suicide, Not licensable, Not permitted</td>
<td>Fear of doing unacceptable subject</td>
<td></td>
</tr>
</tbody>
</table>

**6.5 | Fear of mental illness label**

According to some participants' statements, stigma of suicide attempt (STOSA) was related to mental health problems or psychological disorders. In this regard, Participants No. 4 said:

* Participant No. 4 said:

  > I **did not allow someone to know** (my suicide attempt). If someone knows what happened, he not only doesn’t help me, but also destroys my dignity. I do not want they assume that I’m not normal, mad or crazy. People call depressed person mad, crazy and these unfair labels.

**Participant No. 6 said:**

  > People think suicide or suicide attempt is not acceptable. Therefore it should not be disclosed. I hid it even from my brother, father and one of my sisters. I did not want them to know. It is not acceptable for them.

**7 | DISCUSSION**

The results of this study revealed that in all cases, suicide attempt was hidden from others because it was stigmatized, as Goffman pointed out. They were afraid of the consequences of the disclosure of the suicide attempt for their families and others. Participants of the study who are not yet relieved of the past stressful situation of suicide attempt had to face multiple fears of stigma. Hence, they had to make effort to conceal their suicide attempt and lie about the cause of their hospitalization. Findings of the study indicated that women experienced the fear of various kind of stigma after suicide attempts. Additional stress arises from this fear increases the risk of depression and reduces help-seeking behavior and receiving suitable treatments.

One kind of stigma was “fear of unbelief label.” Since belief in God is one of the most important appreciated aspects of human personality in traditional society, there is a negative and reprehensible attitude toward unbelieving persons on behalf of people. The acceptability of suicide issue in communities completely depends on the type of religion worshiped there. For instance, in Hindu and Buddhism, such behaviors are acceptable and the source of pride in some situation. In traditional society of Taiwan, if a person commits suicide for preserving his honor and values, it will be the proud of his family. Otherwise, the family will have feelings of shame and social pressure when the person survives. According to Islamic ideology, suicide is strongly forbidden and the person who attempted suicide will be condemned to go to hell and be deprived of god’s grace and forgiveness. Thus, committing suicide is considered sin and God’s disobedience. People who disobey God’s commandments are unbelievers and have no good dignity in Islamic society. It appears in religious society people only, based on their religious beliefs and rules, freely and unfairly judge others. It seems that stigma is such a broad social phenomenon that even in cases like infertility that the individual is not responsible for that may also be incurred.

The stigma of “fear of unacceptability” in suicide attempts is related to social norms. In certain societies, some behaviors are unacceptable and nothing can justify these actions. For example, heavy drinking or drug abusing, due to physical and mental damages and also putting...
others at risk, is not authorized. People who judge above-mentioned abusers pay no attention that in normal circumstances nobody likes to die. So, we cannot judge people who tried to lose the most precious God’s gifts of health and life. It is better societies understand and realize abnormal situation leading people to kill themselves and help them to solve their problems instead of making stigma. Making stigma for suicide attempters in this situation is not only useless but also stressful.

Another subtheme was stigma of “fear of mental illness.” Fear of being labeled psychopath or crazy forced participants to hide their attempts and consequently be deprived from possible helping services. In agreement with the current study, Sudak et al. (2008) concluded that the stigma of suicide was related to mental illnesses in the society. In most societies, mental disorders are considered as stigma. For instance, patients with schizophrenia or depression are repeatedly stigmatized and labeled crazy. Unfortunately, labeling a mental illness stigma not only is an individual problem but also involves individual’s family, relatives, and friends. Due to self-killing violence facet of suicide, it is assumed that normal people cannot attempt or even think about that; therefore, each suicide attempt should be related to psychopaths or mental patients. Participants of the study were afraid of mental illness label, since they were aware of its bad consequences based on gender differentiation. Weiss also introduced stigma as a sexual preference.

Contrary to the findings of other studies, illicit sexual relationships were reported as a stigma in the present study. The adultery stigma was emphasized by study’s participants. Due to the fragile status of women in traditional societies and being referred as the family’s “honor,” people are very sensitive to females’ behaviors. Women’s explicit emphasis to illicit sex stigma was because of the small and traditional context of the study. In a quantitative study, accusation of disgrace was an important cause for suicide among Iranian women. Based on Islamic Sharia Law and Penal Code, involvement in illicit sex is forbidden; thus, if a married woman has sex with a man other than her husband, she must be punished. In a traditional society like Iliam, if a virgin girl has sex with a man (illicit sex), she is killed by a man or rarely a woman of her family. It is this tradition that is tough and problematic not the Sharia law that has simple and rational instructions for girls. The rigid and inflexible nature of tradition plays a powerful role in some places. Where any type of relationship between girls and stranger boys is forbidden, if an illicit sex and its disclosure happens, mostly the girl kills herself before she is killed by someone else or even before affirmation of the relationship. Unfortunately, we still hear about honor killings repeatedly. Repetition of this type of suicide may let people believe that suicide attempts were related to the rape or sexual issues. This type of stigma was not reported in other similar studies, probably for the basic differences in cultural contexts of studies settings.

In traditional societies, the special sensitive position of the women increases the likelihood of stigmatization and its following consequences. However, in developed countries, men are far more likely to be stigmatized than women. It seems stigma is one of the aspects of gender discrimination in traditional society.

8 CONCLUSION

The results of the study showed that women after passing the stressful situation of suicide attempt faced fears of stigma that forced them to hide and deny their new experiences. They were afraid of stigma and spread of gender-based rumors in the community. Concealment of suicide attempts may lead them to lose social or healthcare supports prepared by government. It is suggested that changing the attitudes of the society toward suicide and relevant stigmas should be incorporated in the policies of healthcare systems.

The limitation of this study was the absence of multiple methods of suicide attempts. The experiences of male after suicide attempts also need appropriate attention in future studies.

ACKNOWLEDGMENT

The authors would like to express their gratitude to Tehran University of Medical Sciences for financial support. Also, they thank the staff of the hospitals for their sincere collaboration in this study.

CONFLICT OF INTEREST STATEMENT

The authors report no actual or potential conflicts of interest.

ORCID

Maryam Azizpour PhD http://orcid.org/0000-0001-5265-2711

REFERENCES


17. Snihurwych E. The Experience of Parents Bereaved by the Suicide of Their Youth. University of Alberta, Alberta; 2006.

18. Crocker L, Clare L, Evans K. Giving up or finding a solution? The Experience of Parents Bereaved by the Suicide of Their Youth. University of Alberta, Alberta; 2006.


35. Garneau CR. Perceived Stigma and Stigma Management of Midwest Seculars: Doctoral dissertation, Faculty of the Graduate College at the University of Nebraska, Lincoln, Nebraska; 2012.


How to cite this article: Azizpour M, Taghizadeh Z, Mohammadi N, Vedadhir A. Fear of stigma: The lived experiences of Iranian women after suicide attempt. Perspect Psychiatr Care. 2017;00:1-7. https://doi.org/10.1111/ppc.12237