Being at the center of attention: Iranian women’s experience after suicide attempts

Maryam Azizpour1 | Ziba Taghizadeh1 | Nooredin Mohammadi2 | Abouali Vedadhir3

1Department of Midwifery and Reproductive Health, Nursing and Midwifery Care Research Center, Tehran University of Medical Sciences, 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 Ziba Taghizadeh, Department of Midwifery and Reproductive Health, Nursing and Midwifery Care Research Center, Tehran University of Medical Sciences, Nosrat st. Tohid sq. Tehran 141973317, Iran. Email: Taghizad@tums.ac.ir

Funding information Tehran University of Medical Sciences

Abstract

Purpose: A history of suicide attempts is the most important predictor of suicide. The aim of this study was to understand the experience of women after suicide attempts.

Design and Methods: A purposive sampling method using semistructured in-depth interviews with seven Iranian women was implemented for data collection, and an interpretative phenomenological approach with the van Manen method was used for data analysis.

Findings: The main theme was “being at the center of attention,” from which emerged two subthemes: “loved ones keeping an eye on them” and “rain of love.”

Practical Implications: The study participants experienced satisfaction with their suicide attempt, and some of them felt that they are now being restricted. The study recommends that a special caregiver training program would be beneficial to educate the families in appropriate behavior after a loved one’s suicide attempt.

KEYWORDS lived experience, suicide, suicide attempt

1 | INTRODUCTION

Suicide is one of the greatest challenges for the healthcare systems of most developing and developed countries.1 The incidence of suicide has increased by approximately 16% in the last 50 years.2 In other words, the incidence of suicide attempts has risen from 16 per 100 000 persons to 30 per 100 000.3 Although the global rate of suicide is not exactly clear, it is estimated that suicide attempts may be 10 to 20 times more frequent than suicide. Approximately one person attempts suicide every 1 to 2 seconds.4

A formal report in Iran revealed an increased trend in both suicides and suicide attempts.5 Another document reported that the rate of suicide for the general population in Iran was 5.3 (3.6 in women and 7.0 in men) per 100 000 persons.6 Although this report shows a lower incidence rate of suicide in Iran overall, the suicide rate is equal to or even greater than the global statistics in certain provinces such as Ilam, one of the smallest provinces in Iran.7

In Ilam, the incidence of suicide attempts is 53 per 100 000 people. Ilam, like many other traditional societies, is dominated by men, and women are deprived of many of basic and fundamental human rights.8 Women and men do not have equal rights, and women’s rights and future are still influenced by men’s decisions. The culture of male dominance fosters violence against women.9 Unfortunately, in many families in Ilam, women cannot express their real desires and wishes, and females have still a lower social role compared with males.10 “In this context, women’s freedoms and needs are ignored and basic human rights suppressed.”5,11 In fact, cultural limitations for women and inappropriate conditions can be the source of suicide attempts as a sociocultural phenomenon.12

In this province, the rates of attempted suicide and suicide are higher in women. Unfortunately, persistent conditions allow violence against women in Iran, and these women continue to attempt suicide,13 even though considerable efforts have been taken to promote health and human rights among Iranian women. Increased suicide attempts may result from conflict between global pressure to improve women’s human rights and the reality of persistent traditional subjugation of Iranian women in specific provinces.14 It may be that suicide attempts are used as a form of manipulation for women to get what they want personally.15 There is an increasing number of both women’s suicide attempts and suicides in Ilam.
province, and it is reported that the high rate of suicide among women is partly due to depression and certain social problems.\textsuperscript{16} Women often choose the most violent way to die, by self-immolation.\textsuperscript{17} Self-immolation is considered to be the deadliest and the most common method in the province, but the reason behind this alarming social tragedy is not clear. Kerosene is a common fuel in homes and is easily accessed by housewives intent on self-immolation. However, there is no published evidence available to explain the reasons why self-immolation is chosen more frequently than other methods for suicide. Although self-immolation is the most common method for achieving suicide in Iran, drug ingestion was the most common method used for those surviving a suicide attempt.\textsuperscript{18}

To prevent or reduce reattempts and suicides, comprehensive counseling or support services offered by the healthcare system are required for suicide attempters after suicidal behaviors.\textsuperscript{19} However, many survivors of suicide leave the hospital without receiving appropriate home care information and psychological support,\textsuperscript{20} relying solely on ineffective home care provided by unqualified family members. Since a history of suicidal behaviors is identified as a strong predictor of subsequent suicide attempts or suicide,\textsuperscript{21} understanding the lived experiences of survivors can provide valuable information to healthcare professionals to properly train family members of survivors in offering support after a suicide attempt. Although published papers on suicide assert that sufficient knowledge is available about different aspects of suicide,\textsuperscript{3,22} little is known about the lived experience of survivors after suicide attempts. As a highly traditional society with distinct gender roles, Ilam offers very different life experiences for men and women.\textsuperscript{23,24} The aim of this study is to explore the experiences of women after suicide attempts.

2 | METHODS

A hermeneutic study was carried out to achieve an in-depth understanding of women’s experience after suicide attempts. The six interconnected activities of the van Manen method\textsuperscript{25} were used as the methodical approach in this phenomenological study (Table 1). This study was a part of a broader hermeneutic phenomenological research project: Exploring lived experiences of women after suicide attempt was the title of the PhD dissertation by the principal researcher of this study.\textsuperscript{26}

### 2.1 Sampling

Ethical approval was obtained from the ethics committee of the Tehran University of Medical Sciences, and written permission was obtained from the Ilam University of Medical Sciences before data collection. Initially, to save time and obtain access to different methods of suicide attempts, it was planned to recruit potential participants from the welfare organization to have access to broader suicide-attempt survivors, but the survivors who were referred to this organization were not willing to participate in the study (probably due to the stigma of suicide). Therefore, a purposeful sampling method was used to recruit potential participants from two teaching hospitals as the referral centers for suicide attempters in Ilam.

### 2.2 Sample size

In qualitative studies, the number of interviews varies based on a number of factors,\textsuperscript{27} and the main task of a phenomenological researcher is to "understand" the meaning of an experience of individuals under study, rather than to "discover" causal relationships or patterns of correlation. Therefore, the nature of this task requires a deep study with a small sample size, which permits the participants to speak and share their own lived experience with researchers. It has been suggested that a sample size of 3 to 10 participants is adequate for phenomenological studies.\textsuperscript{28} In this study, 13 interviews were conducted with 7 participants to understand the lived experience of women after suicide attempts.

### 2.3 Data collection

The first author, as the principal researcher, took full responsibility to contact potential participants and recruit them to participate in face-to-face, semistructured interviews. The principal researcher’s gender was helpful in avoiding gender barriers and promoting the communication process between the principal researcher and participants.

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>The measures and activities carried out by the researcher for data analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steps suggested by van Manen</strong></td>
<td><strong>Activities</strong></td>
</tr>
<tr>
<td>Orientation to the phenomenon under the study</td>
<td>Living in a city with the highest number of suicide attempts by women.</td>
</tr>
<tr>
<td>Immersion in the phenomenon under the study</td>
<td>Choosing people who had the required experience. Choosing a location to access the participants.</td>
</tr>
<tr>
<td>Reflecting on developed themes</td>
<td>Using a holistic approach to develop themes.</td>
</tr>
<tr>
<td>Describing the phenomenon by using the art of writing and rewriting</td>
<td>Writing and rewriting to achieve the best description of the phenomenon.</td>
</tr>
<tr>
<td>Establishing and maintaining conscious communication with the phenomenon</td>
<td>Checking the contents of the interviews and finding their relationships in the transcriptions.</td>
</tr>
<tr>
<td>Aligning the research with continuous components and the holistic approach</td>
<td>Movements from the whole to part and from the part to whole (whole/part/whole)</td>
</tr>
</tbody>
</table>
during the interview sessions. The principal researcher met suicide attempters immediately after their admission to the hospital. She introduced herself and explained the objectives of the study to them. In the process of data collection, numerous efforts were made for purposes of consistency to recruit women who had attempted various suicide methods, but four cases who used the self-immolation method died after 1 month due to the severity of the injury, one case of attempted hanging was transferred to prison for criminal activity, and one case of rice-tablet (aluminum phosphide) poisoning lost her ability to speak. Ultimately, all interviews were conducted with seven cases of suicide attempts by drug ingestion, which is the most common method of suicide attempt in Iran. Women who were willing to participate in the study entered into the research if the following criteria were met: being hospitalized due to a suicide attempt as a nonfatal, self-directed, potentially injurious behavior with intent to die; aged 18 to 45 years old; able to speak in Farsi or Kurdish; and having no history of cognitive disorders such as schizophrenia that could disrupt the interview process. All subjects in this study were hospitalized for at least 2 days. Hospitalization of loved ones affects family members and family spheres.

Perhaps the relatively long hospital stays for suicide attempters in our study were due to the severity of their suicidal action compared with outpatient cases. However, hospitalization made it possible for families to have time to accept the seriousness of the suicide attempt. Each participant was asked to sign a consent form. Then, the first meeting was planned in a private place. At this meeting, women introduced themselves to the researcher and talked about everything that had hurt them. Affective empathy and interpersonal trust led to a greater exchange of information. After this meeting, women were referred to a psychologist for assessment of cognitive disorders. Then, individual face-to-face interviews were conducted and were audio-recorded. After each interview was completed, it was transcribed verbatim, and codes and themes extracted from each interview were used to design the next interview. Interviews lasted between 45 and 95 minutes. Confidentiality was ensured by using pseudonyms and removing names and personal identifiers from participants’ transcripts.

The interviews focused on open-ended questions, as follows: “I would like you to tell me about how your life has been since you have attempted suicide,” “What changes have occurred in your life after the suicide attempt?” and “How is life for you after the suicide attempt compared to before?” Open-ended questions allowed for an ongoing dialogue to dig beneath the surface. During interviews, the researcher was aware of what was expressed through women’s verbal and nonverbal communication. The researcher listened closely to participants’ words during interviews to grasp their original concepts, using subtle clues to direct the next questions. The researcher recorded participants’ verbal and nonverbal communication after each interview. Data gathering and analysis were conducted by applying the hermeneutic phenomenology. The MAXQDA software (version 10) was used for data management. Taking a holistic approach, transcripts were read line by line and word for word to determine any hidden meanings behind words. Subthemes and the main theme were generated as a consequence of this process. These themes were then verified and validated through consultation with three junior and experienced researchers. The process of data collection and data analysis took approximately 18 months.

2.4 | Trustworthiness of study

Quality assessment of this study was based on criteria described by Lincoln and Guba (1985), including “credibility,” “dependability,” “conformability,” and “transferability.” Selection of suitable settings, proper methods for data collection, conscious and active participation of survivors, member checking, and consultation with a psychologist were used for this purpose. The presence of a sociologist and a phenomenologist in all stages of the study, especially in the interpretation phase, improved the trustworthiness of the study.

3 | RESULTS

All participants (n = 7) were admitted to the hospital following a self-poisoning suicidal attempt. Their ages ranged from 20 to 37 years old. Six out of the seven participants had attempted suicide impulsively, without a previous plan, while one participant had contemplated suicide the day before (Table 2). “Being at the center of attention” was one of the extracted themes during the data analysis process.

<table>
<thead>
<tr>
<th>No</th>
<th>Age, y</th>
<th>History of suicide attempts</th>
<th>Past psychological disorder (self-report)</th>
<th>Economic condition (self-report)</th>
<th>Job status</th>
<th>Marital status</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22</td>
<td>No</td>
<td>–</td>
<td>Dependent</td>
<td>Housewife</td>
<td>Married</td>
<td>Diploma</td>
</tr>
<tr>
<td>2</td>
<td>29</td>
<td>Yes</td>
<td>+ (Depression)</td>
<td>Dependent</td>
<td>Housewife</td>
<td>Divorced</td>
<td>Academic</td>
</tr>
<tr>
<td>3</td>
<td>25</td>
<td>No</td>
<td>–</td>
<td>Dependent</td>
<td>Housewife</td>
<td>Married</td>
<td>Diploma</td>
</tr>
<tr>
<td>4</td>
<td>37</td>
<td>No</td>
<td>–</td>
<td>Dependent</td>
<td>Housewife</td>
<td>Married</td>
<td>Academic</td>
</tr>
<tr>
<td>5</td>
<td>20</td>
<td>No</td>
<td>–</td>
<td>Dependent</td>
<td>Student</td>
<td>Single</td>
<td>Academic</td>
</tr>
<tr>
<td>6</td>
<td>29</td>
<td>No</td>
<td>+ (Depression)</td>
<td>Independent</td>
<td>Employee</td>
<td>Single</td>
<td>Academic</td>
</tr>
<tr>
<td>7</td>
<td>35</td>
<td>No</td>
<td>+ (Depression)</td>
<td>Independent</td>
<td>Housewife</td>
<td>Divorced</td>
<td>Academic</td>
</tr>
</tbody>
</table>
3.1  |  Being at the center of attention

Participants who had attempted suicide stated that they received special attention and that their family showed them more love after the suicide attempt because their family felt guilty for their poor attitude and misconduct in the past. Now, survivors felt themselves to be the center of attention, and family love rained down on them. They became the center of relatives’ attention after their suicidal thoughts were revealed to their family members. As a result, the needs and demands of suicide attempters were given higher priority by their parents and relatives. In other words, family members showered survivors with love and affection, giving special attention to their activities. The main overarching theme of “being at the center of attention” had two themes: (1) “loved ones keeping an eye on them,” with subthemes “not being left alone” and “supervising negative behavior”; and 2) a “rain of love,” with subthemes “emotional reactions”, “emotional support,” “financial support,” and “accepting any demands” (Table 3).

3.2  |  Loved ones keeping an eye on them

The participants felt that their actions and behaviors were, directly and indirectly, supervised and monitored by their family members to prevent the potential risk of suicide reattempts. Family members tried to watch out for the survivor’s suspicious behaviors and tried not to leave them alone.

3.3  |  Not being left alone

As one attempt to prevent suicidal behaviors, family members did not leave the women alone. Families called them for different excuses or asked someone to be nearby to control their behaviors. Due to the presence of these family members, these women did not have an opportunity to commit suicide or harm themselves. Participants expressed their experiences as follows:

“My husband’s family called on me for various reasons. They did not leave me alone. They feared that I might have committed suicide again. They fully understood the seriousness of my decision. They were so careful with me.” (P. No. 1) Strict monitoring made women feel as though they were losing their privacy. One woman said:

“My family members didn’t leave me alone at all, and I was controlled for different reasons. I lost my independence. They didn’t permit me to be alone, and they always advised me and said words that I didn’t like to hear. I loved to be alone. They were always with me or sent their kids to escort me. I was tired of this situation. I had no privacy at all.”

3.4  |  Supervising negative behavior

Since family members were highly sensitive to survivors’ uncertain behaviors, they were not left alone. This type of uncertain behavior, or any disappointment showing the likelihood of end-of-life decisions, was carefully examined. In this regard, Participant No. 4 said:

“I was strongly controlled by my husband and my sister. They took care of me and didn’t permit me to be alone. My husband often came home unexpectedly from his work or called me when he was at work. I was controlled every moment. I remember once I had posted this message on Facebook: ‘a person sometimes likes to move from light to absolute darkness.’ Even though I quickly deleted it from my page, my sister had already called my husband to inform him. Then, he quickly came home to prevent my probable suicide attempt.”

Participant No. 6 said, laughing:

“I requested my friend to prepare some medicines for me, but she was scared and said she couldn’t do that because my family was careful about my actions.”

3.5  |  Rain of love

The term “rain of love” is used where love appears as an emotional reaction with no trace of impurity. After failed suicide attempts, the

<table>
<thead>
<tr>
<th>Main theme</th>
<th>Themes</th>
<th>Subthemes</th>
<th>Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being at the center of attention</td>
<td>Loved ones keeping an eye on them</td>
<td>Not living alone</td>
<td>Put someone beside them, relevant party, being in their room...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supervising negative behavior</td>
<td>Check their Facebook post, check emotional change, check reactions, check their bathroom time</td>
</tr>
<tr>
<td></td>
<td>Rain of love</td>
<td>Emotional reactions</td>
<td>Cry, fear, blame, happiness to survive, confused and nervous...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emotional support</td>
<td>Show love, show attention, kindness, physical affection, support...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Financial support</td>
<td>Giving care, giving money, clothes shopping...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accepting any demands</td>
<td>Accept marriage, accept freedom, accept their dress tastes, accept their independency</td>
</tr>
</tbody>
</table>
women’s relatives changed their past behaviors and became more compassionate and attentive to survivors’ needs. Women were supported not only financially but also emotionally by their relatives. They benefited from different expressions of love and affection, and all of their previously unmet needs and demands were fulfilled by their family members. After suicidal attempts, families tried to provide better conditions and facilities for their loved ones than before. This theme was composed of the subthemes of “emotional reactions,” “emotional support,” “financial support,” and “accepting any demand.”

3.6 | Emotional reactions

The suicide attempt was an appalling event for family members and other persons who loved the women. The shock of suicide produced various emotions, such as the fear of losing someone, anger over the loved one’s wrong decisions, concerns about the loved one’s health and simultaneously happy and sad feelings about the timely rescue.

One participant expressed the following:

“My mom was so upset. My dad was also so disturbed, to the extent that he could not come to the hospital. My mother was afraid of losing me. After my rescue, happiness could be seen in my mother’s smiling eyes. You do not know how much my family was concerned. My dad was angry with my husband. I later found that my husband was so upset too.” (P. No. 3)

Participant No. 4 also said:

“My husband was very confused and nervous. He neither expected me to behave like this nor to make a decision that would certainly be the end of my life. He was afraid of losing me. I felt that he took pity on me.”

3.7 | Emotional support

Families showed their love and kindness to these women through their behaviors and actions. They believed that the main reason for these suicide attempts was that the women needed more affection and love. One of the women said:

“My family increased their kindness. They paid extensive attention to me. They were careful about my needs. My dad said: "she just needs love, just love her." My husband was so careful with me and did everything to make me happy. He kindly behaved and took care of me. He did everything for me to be okay.” (P. No. 3)

“My husband was always with me and didn’t go anywhere. He once took my hands, and that was the first time I felt that his hands were so soft. His kindness increased.

He caused me to understand my important role in the family and showed how everything would go wrong without me. I could not believe the words coming out of my husband’s mouth.” (P. No. 4)

3.8 | Financial support

Financial support was another way of families showing their fondness and affection for survivors. Some kinds of this support included giving money and providing convenient living facilities for the survivors’ comfort and well-being.

“My dad gave some money to me and told me to buy whatever I wanted. He said: ‘This home and also this car belong to you. Take advantage of those’” (P. No. 4)

“My family arranged a family trip for shopping to boost my mood, and all of us went to Javanrud [a small city in the west of Iran]. My boyfriend and my sister planned a horse-riding program and we went together. It was a lot of fun.” (P. No. 6)

3.9 | Accepting any demands

The women stated that their families unconditionally accepted their demands because they were worried about their attempting suicide again. Family members altered their behavior to provide better conditions for survivors. The more families’ affection and closeness increased, the more changes in their behavior occurred. A woman said:

“Unlike the past, (when) my family adopted a conservative approach. Not only did they not (previously) agree with my work outside the home, but also they didn’t allow me to continue my education. They said, how a girl could go to another town to study. However, now they say “go to university, we will pay for it.” They’ve become very quiet. (Before.) they didn’t allow me to go out for shopping or walking in the street. They said, ‘you should get permission from your brother’, but now when I go out, they do not say anything. Generally, they’ve become very quiet and reserved (laughing).” (P. No. 2)

Some of the participants felt satisfied with the consequences of their suicide attempts due to the new conditions that resulted. One participant said:

“I always asked my husband to pay attention to me, love me, but he always did the opposite (of what I asked him) and ignored me. After the suicide attempt, everything changed. Now, I have a good sense (of my husband’s care), and I think taking such a risk was really worth it.” (P. No. 3)
This study showed that the most important achievement, based on survivors’ views, was being at the center of their family’s and loved ones’ attention. The theme of “being at the center of attention” consisted of two subthemes: “loved ones keeping an eye on them” and “rain of love.” A few studies have been conducted regarding lived experience of women after suicide attempt.15,32 Consequently, it was not unexpected to not find the same themes in similar research.

The subtheme of “loved ones keeping an eye on them” explained that families of suicide attempters had taken a very cautious approach toward them. Female suicide attempters were not allowed to be alone, and their families kept them under careful observation. Perhaps the women’s families wanted to learn more about the disappointing thoughts and feelings that had likely incited them to attempt suicide.33 Some studies emphasize that family members can play an important role in the prevention of suicide attempts through not leaving survivors alone, keeping an eye on them and giving them emotional support.34 In the present study, although the families of survivors did not receive formal information about prevention strategies, they extemporaneously made efforts to take care of the women. They monitored suicide attempters and helped them recover from suicide attempts without being trained on specific suicide-related skills and emotional support. The negative consequence of this kind of supervisory behavior was that suicide attempters lost their privacy and control over their lives. Family members should learn how to interact appropriately with suicide attempters to help them overcome the temptation of suicide and make a better recovery, instead of only restricting their rights to freedom. In similar studies, the sense of being controlled by families, friends, and psychologists were reported by suicide attempters, whereas they wanted to have self-control over their lives.35,33,36 In an Iranian context, taking care of suicide attempters is the family’s duty. In these societies, family members should be trained in caregiver skills to empower suicide survivors with resilience by strengthening their self-esteem and self-control rather than violating their privacy.

The conceptualization of the “rain of love” revealed that families were worried about the possibility of the women’s sudden death resulting from suicide. This fear led to the emergence of following reactions: “emotional reactions,” “emotional support,” “financial support,” and “accepting any demand.”

Suicide attempter reported that their family members felt stress over the probability of losing family members, anger over the wrong decisions made by suicide attempters, concerns for their life-threatening health conditions and a wishful combination of joy and sadness over saving their lives. Similar to the findings in our study, in the studies by Graham and Mehta, feelings like shock, fear, worry, numbness, and sadness were reported as the family’s reactions to a family member who had attempted suicide.32,37 In another study, feelings of tension, fear, anger, sadness, suffering, denial, shock, weakness, and imbalance in relational ties with others were experiences of the parents of suicide attempters.38 According to these emotional similarities reported in different surveys, it does not seem that emotional responses are affected by cultural context.

The “rain of love” manifested in the concepts of “emotional support” and “financial support,” explaining that family exerted their best efforts to create a better family environment for the suicide attempters and to cheer them up. Family members tried to show their genuine love through paying attention to suicide attempters and providing convenient living conditions for them. Some family members considered financial assistance the most helpful thing they could do for suicide survivors, and some thought a cheerful trip was a better thing. In agreement with our study, suicide survivors in other studies described how their families not only showed love to them39 but also listened carefully to what they said.40 Parents tried to support, care for, and protect their children from the risk of future harm.38 Another study showed that parents devoted their best efforts to understanding their children’s new situation. They tried to take as much responsibility as possible for their roles as parents and caretakers.38 Based on a related study, there was someone to talk with suicide attempters to reduce their depression.41 A paper by Wagner et al.35 reported that parents were careful not to annoy or upset their daughter or son who had attempted suicide. Their findings suggested that improvement in parent-child relationships and attachments in childhood might serve as a protective factor against future suicidal behaviors in adolescents. In the present survey, family members mostly used traditional and improvised methods such as “emotional support” and “financial support” to cope with women who had attempted suicide instead of scientific psychological support.

Another highlighted and important concept emerging from the “rain of love” was “accepting any demand.” According to a similar study, parents did their best to make their children feel happy and satisfied with their lives.39 Based on Wiklander’s study, satisfying the latest demands of suicide attempters was in compliance with the measures taken by healthcare providers,42 but unconditional acceptance of previously rejected requests of suicide attempters might yield different results. After the suicide attempt, all participants in the current research used their sensitive situation to ask their family to address all past unmet needs and demands. In fact, all survivors observed satisfactory feedback from their families and relatives after their return to everyday life. In other words, the women in the present study assumed that their suicide attempt was the most immediate and effective way to achieve their wishes and demands. This reward system might tempt some individuals to risk a suicide attempt. Therefore, the behavioral and emotional responses of family members to suicide attempters may play a role in increasing suicide rates. Of course, this situation may be more likely to occur with people who had already attempted suicide and experienced this reward system to get their demands met. In accordance with our discussion, another Iranian study concluded that the strong desire to achieve their demands was a powerful temptation for individuals to commit suicide.15

Nevertheless, in highly traditional societies, where women are still subjected to intense social pressure, suicide attempts may be
regarded as a woman’s individual right, or at least as an indirect way to fulfill her demands. Among social pressures in such communities is the condition of girls, who must be obedient to their families in any individual decision making, such as education, hobbies, marriage, and other life options. The evidence suggests that gender and social pressures on women increase suicide rates.\textsuperscript{43} Suicide attempts are used as a means of releasing the pressure imposed by blind and irrational obedience to cultural traditions. When a suicide attempt occurs, families and relatives of survivors experience the loss of their loved one’s lives as a real threat, which is why family members begin to change their previous family norms. The choice to replace the prevailing cultural prejudices about the fundamental rights of female survivors in traditional societies with hurried decisions such as complying unconditionally with survivors’ demands may be due to family members wishing to appease their own guilt. The traditional role of family members will be ignored when, due to a shocking suicide situation, they inevitably must exchange that role for saving the lives of their loved ones.

Contrary to the aforementioned, some studies have emphasized the importance of giving more attention to suicide attempters,\textsuperscript{44} and some have suggested the concept of “pretense” as a way used by suicide attempters to receive intended attention. Pretense was defined as a set of the following concepts: “concessions, alerting parents, getting affection from family members, attracting relatives’ attention, reducing family disputes and conflicts, threatening relatives and earning affection of others.”\textsuperscript{15} Based on the above-mentioned results, suicide attempters need not only to be paid special attention but also to be the center of attention.

5 | LIMITATIONS

There were a few limitations in our study. One of these limitations was the absence of multiple methods of suicide attempts. The study cannot, therefore, claim to have explored the whole set of experiences following a suicide attempt. Another limitation was recall bias. To overcome this limitation, the principal researcher tried to establish trust and empathy in her relationship with the women before the first interview through calling and using internet apps such as “WhatsApp” and “Telegram” that are easily available in Iran. Participants were briefly asked about their feelings or new changes through these messages. In addition, if needed, a phone call or a friendly meeting was planned at the office, and then their thoughts were recorded and asked for again in interviews.

6 | IMPLICATIONS FOR NURSING PRACTICE

This qualitative study provides health professionals’ understanding about suicide attempters. The first step in healthcare provision to this group of people is to understand their experience. Although the findings of this study are valuable to understand suicide attempters experience and help policymakers to consider the experience of participants as recommendations when they develop clinical guidelines. However, these findings could not be incorporated directly into practice and these findings need to be examined in other studies.

7 | CONCLUSIONS

“Being at the center of attention” was the main theme that emerged among the life experiences of suicide attempters after suicide. This feeling was new and had never previously been experienced by these women. As a result of the conceptualization of the main theme, two subthemes of "loved ones keeping an eye on them" and "rain of love" were developed. Although the main intention of families was suicide prevention, their uncontrolled emotional reactions to survivors led to negative outcomes. For instance, “keeping suicide attempters under intensive supervision” made them feel as though their privacy rights were threatened by this careful observation. The “rain of love,” and the unreasonable acceptance of any request and demand by the women in particular, gave them a sense of satisfaction regarding their suicidal behaviors.

The findings of the present study reinforce that there is an urgent need for family members to be trained in caregiver skills to achieve empathic interactions with suicide attempters. Unconditional acceptance of any demand of suicide attempters should be controlled and moderated because it may cause them to take a positive view of their suicidal actions.

In this study, women experienced that family members preferred to give up their past traditional behaviors and respond to their demands to save their lives. It may be that women misunderstood their suicide attempt as the best option to achieve their individual rights. Hence, there is an urgent need to decrease gender discrimination and social pressure on women in traditional societies. These changes in attitudes and behaviors toward women may result in considerable reductions in suicide and suicide attempt rates in these places.

ACKNOWLEDGMENTS

This study was one part of the PhD thesis in Sexual and Reproductive Health field of Tehran University of Medical Science. The authors would like to express their gratitude to healthcare staff in the research field and also women suicide attempters who fully cooperated to conduct this study.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

ORCID

Maryam Azizpour \textsuperscript{*} http://orcid.org/0000-0001-5265-2711
REFERENCES


5. Pakzad SKMSD. Explaining the attitude of women towards male authoritarianism, using the old Bourdieu model (Case Study: Ilam City Ten Surveys). Women’s Research Center, Research Institute for Human Sciences and Cultural Studies. 2017;8(3):117-146.


10. Atashzay M (2016). Investigating the causes and factors of suicide among women, with emphasis on Kurdistan. *Hajje Aytical News site*.


23. van Manen M. *Phenomenological research*; 2011;21:63-175. 096973301493218


47. How to cite this article: Azizpour M, Taghizadeh Z, Mohammadi N, Vedadhir A. Being at the center of attention: Iranian women’s experience after suicide attempts. *Percept Psychiatric Care*. 2018;1-8. https://doi.org/10.1111/ppc.12337