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Suicide: The Role of Social, Family, and Individual Factors with the Constructivist Grounded Theory

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Abstract

Abstract

Suicide is one of the most important social harms that affect the lives and health of individuals and families. Considering the increasing number of suicides in Ilam province, especially among young people, this study was designed and implemented to study the causes in detail and provide a regional theoretical model for further research. The method of this qualitative study is based on the constructivist Grounded Theory of Cathy Charms (Wertz et al., 2011). Thus, an in-depth semi-structured interview was conducted with 22 participants who attempted suicide unsuccessfully in the hospital context. Based on the themes obtained, unfavorable family environment such as crowding, unhealthy relationships, family conflicts, aggression, other family problems, lack of family support, unsupportive social environment, and inability to regulate emotions and solve life problems were among the most important extraction factors. The difference in the girls and boys' views on the role of women and men emphasized the issue that the specific gender view in home and community environments should be considered. Thus, two general and gender-explanatory models of relationships extracted from the categories were presented. However, suicide is an individual and social phenomenon in terms of causes and consequences. In this sense, it is the individual who is the final decision-maker. The inability of his coping strategies in facing the suffering of poverty, emotional failure, unwanted environmental conditions, and the inability to enjoy the existing conditions have made him decide to end this suffering. Therefore, paying attention to the improvement of the family atmosphere and intervention to teach problem-solving and emotion regulation is one possible solution.

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Introduction

Given the prevalence of suicide and its devastating effects, identifying the causes and motivations for suicide attempts is one of the important factors in designing preventive measures. Therefore, it is necessary to pay attention to the causes of suicide in some regions with increased suicide attempts. According to the report in the Human Resource Development Index, Sistan and Baluchestan, North Khorasan, and Ilam are among the less-developed provinces (Biranvandzadeh et al., 2016). According to the results of a study, nearly 80 percent of the individuals who committed suicides in the early 1970s were women; young women attempted suicide due to family conflicts, and suicides were mainly carried out using the self-immolation method, which had a very high success rate. In terms of age, the age range of 15 to 34 years accounted for more than 80 percent of suicide attempts. Accordingly, the high-risk group is the group of adolescents and young people (Ashayeri et al., 2022; Ghasemi et al. 2022). A review of 20 studies from 2006 to 2019 in Ilam found that suicide was a social issue in this province, and 16.2% of people were at risk of suicidal behavior. Most previous studies have been sociological in approach focusing on just women, and the participants were analyzed from a gender perspective. They have focused on the general population, and less on the individuals who attempted suicide. On the other hand, this study focused on identifying individual and social factors simultaneously. Thus, this qualitative study was designed and implemented to gain a deep understanding of the underlying causes of suicidal behavior from the perspective of individuals who attempted suicide with different ages and methods. The question that this study sought to answer was posed as follows: What are the reasons for committing suicide and what are the most important social and personal problems that led these individuals to suicide attempts?

Method

This qualitative study is based on the constructive grounded-theory approach of Cathy Charms (Wertz al., 2011). Conducting in-depth interviews with individuals, the researchers sought to create a limited theory to explain the phenomenon in question, considering the specific circumstances of those individuals and the environment. First, the interviewees were asked to tell their life stories and explain how they concluded that they should terminate their lives. During these explanations, ambiguous issues were identified with open-ended questions asking the reason, and the way they committed suicide. The statistical population included the individuals who attempted suicide in Ilam. The sampling method was theoretical and purposive, and all suicide attempters who were unsuccessful and therefore hospitalized in Ilam hospitals could participate in this project if they wished. The participants included 22 suicide attempters who were hospitalized and had expressed their willingness to be interviewed. Their age range was between 16 and 68 years old. Eight participants were male and 14 participants were female.

Findings

After transcribing the interviews, the initial, axial, and open codes regarding the causes and factors of suicide attempts in the individuals who attempted suicide were obtained. They included 148 initial codes, 37 axial codes, and 12 open codes. The summary of the results was as follows:

1. Family problems and conflicts in the father's family (consisting of the axial codes of verbal and physical aggression and emotional rejection)
2. Busy and unfavorable economic status (consisting of the axial codes of poverty and large family)
3. Lack of emotional and social support (consisting of the axial codes of helplessness and loneliness)

4. Unhealthy relationships in the family environment (consisting of the axial codes of addiction, betrayal, alcohol consumption, and revenge through wrong relationships)
5. Unhealthy relationships in adolescence (consisting of the axial codes of early onset, sexual relations, and alcohol consumption)
6. Aggression and other psychological problems (consisting of the axial codes of anti-social behavior, pessimism, depression, anxiety, and obsession)
7. A monotonous social environment with a lack of facilities and cultural problems (consisting of the axial codes of relying on ineffective traditions, lack of facilities, lack of entertainment, and lack of respect for privacy)
8. Belief in gender discrimination (consisting of the axial code of men's debauchery and women's weakness)
9. The pattern of suicide in the family and community (consisting of the axial codes of the suicide of friends, the suicide of family members, and the suicide of relatives)
10. Inability to regulate emotions (consisting of the axial codes of uncontrollable anger and reactive behavior)
11. Reactions without purpose (consisting of the axial codes of fantasizing, entertainment with movies and cyberspace, emotional behaviors such as crying and driving too fast, and praying without effort)
12. Different generational perspectives but the same result (consisting of the axial codes of low resilience, reliance on parental capacities in young people and despair of recovery, and belief in unchangeable fate in older people due to fruitless efforts)

According to the aforementioned analytical categories, the unfavorable cultural and social environment and bad economic status affect the family. Thus, individuals in an unfavorable family environment resort to fantasy to escape the suffering caused by the circumstances, or traditionally consider early marriage the only available solution. Emotional actions and reactions free of reflection are another factor. In these actions, two different paths are taken by young people and old people to end suffering and improve their emotional state. Young people often rely on their wishes and fantasies to find happiness and use the enjoyable capacities of youth; old people attempt to get rid of suffering by trying and relying on their experiences. If they get a positive answer, they continue to face the challenges of life which leads to a cycle of bad mood again due to unfavorable social and family conditions and emotional behaviors. The continuation of this cycle leads to the same outcome of despair in old and young people as explained earlier. Therefore, the common fate of attempted suicide is a solution that extends the cycle of emotional and frustrating behaviors.

Discussion

As shown in Figure 1, consistent with Ashyeri et al. (2022), Safiri and Rezaeinasab (2016) and Kouchakian (2023), the social environment and family have a great impact on the specific capacities of an individual to satisfy his needs and realize ideals. On the other hand, the economic status and development programs based on human geography do not have a suitable trend in some regions (Biranvandzadeh et al. 2016). These conditions are the basis for harmful problems such as suicide (Schmid et al. 2020). On the other hand, the intersection of these social problems with natural and biological needs has caused the interaction of people in society when facing problems to be based on emotion and lead to the inability to regulate emotions. In the traditional view based on effort,

tenacity, hedonism, and taking advantage of opportunities, people prepare themselves for the next challenges. In case of failure, which most people in this group experience, we will witness double failure, resulting in suicide attempts. Suicide attempts are caused by the inability to use the problem-solving skills in dealing with problems caused by their parents' incorrect parenting methods. This is in line with Heidari et al. (2022). Family-based intervention with an emphasis on emotion regulation and problem-solving is an appropriate and necessary approach that is consistent with the results of Abbaspour et al. (2015) because, as reflected in the report, the root of suicide attempts goes back to emotion-oriented behaviors in the family environment and the solution should also be pursued through intervention in this path.

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