UNDERSTANDING PSYCHOSOCIAL FACTORS LEADING TO SUICIDE ATTEMPTS

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Supervisor's Certificate

This is to certify that the thesis entitled "*Understanding Psychosocial Factors leading to Suicide Attempts"* submitted by Most. Nazme Ara Begum, in partial fulfillment for her degree of M. Phil in Clinical Psychology, Faculty of Biological Sciences, University of Dhaka and that this is an original study carried out by her under my supervision and guidance. The thesis may now be processed for examination.

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Understanding Psychosocial Factors Leading to Suicide Attempts

ABSTRACT

The objectives of the study were: 1. to explore the psychological factors leading to suicide attempts, 2. to explore Social Factors Leading to Suicide Attempts and 3. to understand the interplay of psychological and social factors leading to suicide attempts. In this study, Qualitative exploratory research method was used where purposive sampling method was employed to collect data from eight adult participants - six females and two males - who experienced suicide attempts. The age range of the subjects was 16-43 years and their average age was 28 years. By following a topical guide the participants were guided to share their experiences of suicide attempts which were digitally recorded through in-depth interview. The interviews were then transcribed and analyzed using open coding followed by extracting themes and subthemes. Results of the analysis yielded seven major themes. Two of them are psychological and the rest are social factors which substantiate the first and second specific objectives of the study respectively. The psychological major theme incorporates vulnerable-self and blind-self. Most of them had strong negative self-appraisal, profound hopelessness and worthlessness. The major social themes are pathological family, detrimental relationships, uneven upbringing, obstructive community and instigating event. Most of them were caused by physical, verbal and emotional abuse in their family. The third objective of this study has been met by the third major findings of this study which is the interplay of social and psychological factors leading to suicide attempts. The study findings indicate that

social and psychological factors might have made a *vulnerable-self* inside the participants. The collective sense of self is full of worthlessness; there is a sense of being ruined, crushed, humiliated, rejected, neglected, and tortured, a feeling of sinfulness and being used. These might have made the person most vulnerable to suicide. At that vulnerable condition, the participant had to expose the *instigating event* which occurred just before suicide attempt. They had *blind-self* comprised of *narrow vision and terminal impulse* to do die and finally attempted suicide.

In comparison with some other existing model, it was found that there were some similarities with psychosocial model. It may be concluded that interplay of psychological and social factors played a significant role in suicide attempts. This may be used in clinical practice and suicide prevention programs.

Key words: Suicide Attempt, Psychosocial Factors.

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Dedicated

To

My Parents, Husband and Sons (Nabhan and Farhan)

CHAPTER I

INTRODUCTION

CHAPTER I

INTRODUCTION

Over one million people worldwide die from suicide every year. In the recent years the rate of suicide and suicidal attempt is increasing. In clinical setting, there are many suicidal cases.

Suicidal behavior is becoming an increasingly important public health issue. According to the World Health Organization (2001), suicide has been identified as one of the three leading causes of death in adolescents and young adults. The magnitude of this problem is even greater when suicidal ideation and "unsuccessful" suicide attempts are taken into account. Based on hospital statistics, the rate of non-fatal suicide attempts is estimated to be 50–100 times higher than fatal attempts (Fisher, Zievogel, Chalton, Leger, & Robertso, 1993). As committing suicide is a burning issue, I prefer the psychosocial causes behind the issue for my M.Phil Degree. To define the whole process properly some terms are needed to be known. These terms are suicide, suicide attempts, parasuicide, self-harm and psychosocical factors. These are described bellow:

1.1 Suicide and Related Terms

There are some terms which are related to suicide. To understand the whole process clearly and easily, these terms can play a vital role. Among these terms, suicide, suicide attempt, Parasuicide and self- harm are important.

1.1.1 Suicide

In a word, suicide is killing oneself or being determined to die by himself/herself. Suicide is the act of a human being intentionally causing his or her own death. Some persons have ideas of suicide that they will never act on; Some plan for days, weeks, or even years before acting; Others take their lives seemingly on impulse, without remeditation.There are many misconceptions about suicide, one of them being that suicidal people want to die and

cannot be helped. However, the suicidal state is almost always transient and dynamic. Suicide (Latin suicidium, from sui caedere, to kill oneself) is the intentional killing of one's self. It is a process which has a purpose of ending one's own life.

According to James (2008), a suicidal is one who prefers to decrease his/her own psychological agony.

According to Rihmer (2007), suicide is a complicated act having many causes which are influenced by physical, psychological and cultural elements.

Penguin Dictionary of Psychology(Reber, Allen, & Reber, 2009) defines suicide as **"**A person who intentionally kills himself or herself, the act of taking one's life".

According to Penguin Dictionary of Psychology(Reber et al., 2009), Emile Durkheim, the first who study suicide systematically,suicide is distinguished in three different types depending on what motivates the act of self-destruction: altruistic, anomic and egoistic; definitions of each are found below.

Suicide, altruistic: Durkheim's term for suicide is based on sacrificing oneself for the good of others. The soldier who hurts himself upon a grenade to save others, and ritual suicide, such as hara-kiri, intended to save one's family from shame, are classic examples.

Suicide, anomic: Suicide results, in Durkheim's analysis, from the sense that life no longer has meaning, from a sense of anomie, loneliness, isolation and loss of contact with the norms and values of society. It is also called normless suicide.

Suicide clusters: Multiple suicides occur together in close time in a limited geographical area among whom disturbed adolescents are suspected(Reber et al., 2009).

1.1.2 Suicidal Ideation

Suicidal ideation is the recurrent thoughts about suicide. They may be simple and unelaborated or complex and involve detailed plans about how to take one's life. Such

thoughts are common in cases of depression, post-traumatic stress disorder and bipolar disorder and, while these typically do not lead to actual suicide, these are signals that mental health workers cannot ignore(Reber et al., 2009). Suicidal ideation is not only exactly committing suicide but the thoughts or detailed plan of self harm which does not always come true. Some of the people having suicide ideation may attempt to suicide. Suicidal behavior is an intentional act of self destruction which may be pre-determined or impulsive but it is led by the awareness of the outcome and its result.

1.1.3 Suicide Attempt

Suicide attempt is an act and non-habitual behavior in which an individual causes self harm and desire to change agony through harming himself or herself physically. The World Health Organization (2008) defined it as "An act with nonfatal outcome, in which an individual deliberately initiates a non-habitual behaviour and without intervention from others it will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognized therapeutic dosage, and which is aimed at realizing changes which the subject desires via the actual or expected physical consequences." There is usually explicit or implicit evidence that the individual intended to kill himself or herself. A suicidal attempt means trying to kill his or herself but survives. Suicidal attempt is the behavioral part of the suicide.The term suicidal attempt, parasuicide and self-harm are often confusing. So now we are going to clear these terms.

1.1.4 Parasuicide

Parasuicide is a term introduced to describe patients who injure themselves by self-mutilation (e.g., cutting the skin), but who usually do not wish to die. Parasuicide (Greek *para-*, "near" or "resembling", + suicide) refers to suicide attempts or gestures and self-harm where there is no actual intention to die. Other researchers also include those who attempt

suicide with the intent to kill themselves in the definition of parasuicide. It is considered to be a serious public health concern.

The Cambridge Dictionary of Psychology (2009), defines parasuicide as "The infliction of self-injury that falls short of death and may or may not have death as a clear goal. Many suicidal attempts fall into this category, as does passive suicide"(Matsumoto, 2009).

It is an act of self-injury not motivated by any genuine wish to die, but by a desire to draw attention to personal problems. Parasuicide is the biggest indicator for a future successful suicide attempt. Studies have found that about half of those who commit suicide have a history of parasuicide. Parasuicide is most common in adolescent and young adults(Gunnell., Peters, Kammerling, & Brooks, 1995).

1.1.5 Self-harm

Self-harm (SH) or deliberate self-harm (DSH) embraces self-injury (SI) and self-poisoning which is the deliberate infliction of tissue damage, alteration, or poisoning without suicidal intent.

The relationship between self-harm and suicide is a complex one, as self-harm behavior may be potentially life-threatening, with or without the intent of suicide. Suicide attempts that do not result in death but far outnumber completed suicides. Many unsuccessful suicide attempts are carried out in a manner that makes rescue possible. These attempts often represent a desperate cry for help.

1.1.6 Psychosocial

Generally, a grab-bag term used freely to cover any situation in which both psychological and social factors are assumed to play a role(Reber et al., 2009). This present study deals with psychosocial factors leading to suicide attempts.

1.2 Prevalance of Suicide

It is calculated that about 15 lac and fifty thousand of people will be self-harmful. Two times more people of this number will attempt to suicide. Suicide is a pathetic incident which is prohibited in many countries. That is why it is difficult to get the accurate statistics. In the whole world, suicide is one of the most important twenty reasons of death. Mental disease depression, torture and socio-cultural factors may influence on the attempt to suicide. On the purpose of 'suicide prevention day' on 10th September, World Health organization (WHO) has published a report from Geneva on September 4, 2014. According to the information of 'preventing suicide: a global imperative', in every forty seconds, at least one person commits suicide in somewhere in the world. In every year, eight lacs people die because of community suicide, 75% of which are from are lower and lower mid revenue countries. India is in the first position and Bangladesh is tenth in number among the countries of the world. In the south-Asian countries, the inclination to commit suicide is more than others. In India a person commits suicide in per two minutes. In 2012, the number of suicide became two lacs and fifty thousand. And in Bangladesh, it was ten thousands one hundred and sixty -seven, among which 5773 people were female and 4394 people were male(World Health Organization, 2014).

Many studies have been conducted to access the burden of diseases due to suicides and also attempted suicides in different hospitals, and the socio-demographic factors which are associated with them.

Botega, Barros, Oliveira, Dalgalarrondo, and Marin-Leon (2005), reported a lifetime prevalence of suicidal ideation of 17.1% in an urban community of Campina. Lifetime prevalence of suicide plans and attempts were estimated at 4.8% and 2.8% respectively. Lifetime prevalence rates for suicidal ideation were higher among women, younger age groups, those living alone and those with co-morbid psychiatric disorders. In a study in India,

Sidhartha and Jena (2006), reported that 21.7% lifetime prevalence non-fatal suicidal behaviour (NFSB) was seen among adolescents in the age group between 12 and 19 years. This was higher among females (25.4%) compared to males (19.1%). Lifetime prevalence of suicide attempt was 8.0% and this was also higher among females (11.0%) than males (6.1%).

Meel and Leenaars (2005), reported that a significant association between HIV/AIDS infection and suicide in Eastern Cape, South Africa. Similar findings were made by Kelly et al. (1998) in a study conducted in Australia. They noted that being HIV positive was associated with suicidal ideation. Those men with who stage IV HIV diseases had significantly higher suicidal ideation scores than who stages II and III, and HIV negative counterparts. Lifetime rates of suicide attempts among HIV-negative and positive men in this study were 29.1% and 21.4% respectively.

Hawton et al. (2000) reported 17.4% increase in the suicide rates in England and Wales during the month following the funeral of Princess Diana. This increase was more marked among females (33.7%) than males (12.5%), and among the 25-44 years age group (45.1%).

The prevalence of non-fatal suicidal behaviours has been found to be very high in different cultures and societies. Many authors have documented the prevalence and impact of suicides and parasuicides on health systems all over the world. These include studies done in India(Sidhartha & Jena, 2006), China(Liu, Tein, & Sandler, 2005), Poland(Gmitrowicz, Szymczak, Kotlicka-Antczak, & Rabe-Jablonska, 2003), Finland(Haavisto et al., 2005) and Australia(Patton et al., 1997). In South Africa, these studies have been limited. Mhlongo and Peltzer (1999) noted that parasuicides accounted for about 10% of the total caseload of their hospital. Flisher, Liang, Laubscher, and Lombard (1993) noted that 19% of high school students in Cape Peninsula had suicide ideation within one year, while 7.8% actually

attempted suicide. In another study done in Pietermaritzburg, South Africa, Pillay and Pillay (1987) registered 147 cases of non-fatal deliberate self-harm in one year in a hospital. Cummins and Allwood (1984) reported that an average of 10% of childhood and adolescent psychiatric referrals in their unit were due to suicide attempts.

1.3 Warning Signs of Suicide

There is a contrary to popular belief that many people who commit suicide do not tell their therapist or any other mental-health professional that they plan to kill themselves in the months before they do so. If they share their plan to anyone, it is more likely to be someone with whom they are personally close, like a friend or family member. Since suicidal behaviors are often relatively impulsive like removing guns, medications, knives, and other instruments which people often use to kill themselves from the immediate environment. But time may allow the individual to think more clearly and perhaps choose a more rational way of competing with their pain. It indicates that there are some warning signs of suicide which shows an individual's imminently planning to kill himself/heself. These are presented below:

- Writing a suicide note(Leenaars, 1988a),
- Talking about wanting to die or to kill themselves(Leenaars, 1988a),
- Withdrawing or isolating them(Wilson & Wormald, 1995),
- Hostility(Tuckman & Ziegler, 1968),
- Ambivalent attachment to person(Posner, Lahaye, & Cheifetz, 1989),
- Ambivalance(Shneidman, 1980),
- Negating specific people, place, and things, while seeing generalized others as more positive(Eldman & Renshaw, 1982),
- Unfulfilable desires, high perturbation, intolerable inner tention, unrealistic expectation from other, personal devaluation, and feeling of worthlessness(Bjerg, 1967)

- A fatalistic attitude(Peck, 1983)
- A view of act as justified, and a need to be forgiven for for it(Jacob, 1971)
- Heightend dependency needs, problems in maintaining relationships, and valid aggression(Darbonne, 1969),
- Positive affect such as "love"(Oliver, Stone, & Shneidman, 1969)
- Involvement with fantasy(Lester, 1971)
- Inability to distinguish the subjective from oblective, oversimplification, thinking that everything is obvious, rigidity, fatalism, projection, and inability to distinguish between feeling and outside word(Tripodes, 1976)
- Psychic tension(Wagner, 1960)
- Depression(Capstick, 1960)
- Mental confusion(Spiegel & Neuringer, 1963)
- Constriction(Henken, 1976)
- Idiosyncrasies in ideation(Shneidman, 1981)

1.4 Risk Factors

Risk factors are characteristics that make it more likely that an individual will consider, attempt, or die by suicide. The risk factors of suicide are presented below:

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders(Gangat, Naidoo, & Wessels, 1987 ; Oquendo et al., 2005; Wild, Flisher, & Lombard, 2004)
- Alcohol and other substance use disorders(Gangat et al., 1987 ; Wild, Flisher, Bhana, & Lombard, 2004)
- Hopelessness(Mann, 2003)
- Impulsive and/or aggressive tendencies(Mann, 2003)

- History of trauma or abuse(McHolm, MacMillan, & Jamieson, 2003; Oquendo et al., 2005)
- Major physical illnesses like HIV positive(Latif, Nahar, Haque, & Jewel, 2007; Meel & Leenaars, 2005)
- Previous history of suicide attempt(Coryell & Young, 2005; Wild, Flisher, & Lombard, 2004)
- Family history of suicide(Cheeng, Chen, Chen, & Jekins, 2000)
- Job or financial loss(Dirks, 1998; Mhlongo & Peltzer, 1999)
- Unemployment(Ajero, 2008)
- Financial difficulties(Gangat et al., 1987)
- Loss of relationship like divorce(Cummins & Allwood, 1984)
- Family discord and stress (Ajero, 2008; Begum & Begum, 2010; Latif et al., 2007),
- Dowry (Latif et al., 2007)
- Divorce(Cummins & Allwood, 1984)
- Abandoned by spouse(Ajero, 2008)
- Academic failure(Cummins & Allwood, 1984; Latif et al., 2007)
- Anger and resentment with parents(Begum & Begum, 2010)
- Relationship problems(Ajero, 2008; Gangat et al., 1987 ; Latif et al., 2007; Pillay & Wassenaar, 1997)
- Extramarital affairs(Latif et al., 2007)
- Easy access to lethal means(M. F. Alam, Firoz, Karim, & Ali, 2004)
- Lack of social support and sense of isolation(Gangat et al., 1987)
- Exposure to others who have died by suicide (in real life or via the media and Internet)(K. Hawton et al., 2000)

- Real or imagined losses, like the breakup of a romantic relationship, moving, loss of a friend, loss of freedom, or loss of other privileges(Cheeng et al., 2000),
- Being criminal and victim(Khan & Kamruzzaman, 2010)
- Suicidal ideations(McHolm et al., 2003; Wild, Flisher, & Lombard, 2004),
- Self-harm(McHolm et al., 2003),
- Emotional distress(Cheetham, Edwards, Naidoo, Griffiths, & Singh, 1983; Wilson & Wormald, 1995),
- Retirement(Qin., Mortensen, Agerbo, Westergard-Nielsen, & Eriksson, 2000)
- Living alone or single(Minnaar, Schlebusch, & Levin, 1980; Qin. et al., 2000)
- Family member in prison(Ajero, 2008)
- Family member victim of crime(Ajero, 2008)
- Family member had sevevre disease((Ajero, 2008)
- Social conflict(Mhlongo & Peltzer, 1999)
- Teenage pregnancy(Mhlongo & Peltzer, 1999)
- AIDS phobia(Mhlongo & Peltzer, 1999)

Although the reasons why people commit suicide are multifaceted and complex, these factors can give indication to be more careful regarding those individuals.

1.5 Methods of Suicide

The leading method of suicide varies. The leading methods in different regions include:

- Ingestion of insecticides and pesticides(Ali et al., 2005)
- Swallowing poison(Begum & Begum, 2010)
- Hanging(Begum & Begum, 2010),
- Diazepam(Ali et al., 2005)
- Rodentics(Ali et al., 2005)

- Phenol(Ali et al., 2005)
- Amphitriptylin(Ali et al., 2005)
- Paracetamol(Ali et al., 2005)
- Savlon(Ali et al., 2005)
- Bleaching powder(Ali et al., 2005)
- Drowing(Khan & Kamruzzaman, 2010),
- Jumping under train(Khan & Kamruzzaman, 2010),
- Jumping from hight(Ali et al., 2005)
- Alcohol overdose(Ali et al., 2005)
- Sleeping peel(Khan & Kamruzzaman, 2010)
- Firearms(Minnaar et al., 1980)
- Drank battery acid(Wilson & Wormald, 1995)

1.6 Protective Factors of Suicide

Protective factors are characteristics which make it less likely that individuals will consider, attempt, or die by suicide. The protective factors derived from previous studies are given below:

- Strong connections to family and community support(Andrinopoulos & Meekers, 2010)
- Skills in problem solving, conflict resolution and handling problems in a non-violent way(Andrinopoulos & Meekers, 2010)
- Having a child below two years(Qin. et al., 2000)

Besides these some religious beliefs that discourage suicide and support self-preservation might act as protective factor(Shah & Chandia, 2010).

1.7 Theoretical Overview of Suicide and Suicide Attempts

Suicide is a complex, multidimensional phenomenon that has been studied from philosophical, sociological and clinical perspective.

1.7.1 Interpersonal Theories of Suicide

The interpersonal theory of suicide consists of three components that together lead to suicide attempts. According to this theory, the simultaneous presence of thwarted belongingness and perceived burdensomeness produce the desire for suicide. Only the desire for suicide is not capable to promote the success of suicide attempt. Rather, Joiner asserts that one must have the acquired capability – the acquired ability to overcome one's natural fear of death(Joiner, 2005).

1.7.2 Cognitive Theories of Suicide

Beck's(1976) cognitive triad represents three types of negative thoughts present in depression, as proposed by Aaron Beck in 1976. The triad forms part of his cognitive theory of depression.

The triad involves negative thoughts about:

- The self (i.e., the self is worthless)
- The world/environment (i.e., the world is unfair), and
- The future (i.e., the future is hopeless).

From this perspective, depressive disorders are characterized by dysfunctionally negative views of oneself, one's life experience (and the world in general), and one's future—the cognitive triad. Depressed patients often view themselves as deficient, helpless, and/or unlovable, and they tend to attribute their unpleasant experiences to their presumed physical, mental, and/or moral deficits. They tend to feel excessively guilty, believing that they are worthless, blameworthy, and rejected by self and others. They may have a very difficult time

viewing themselves as people who could ever succeed, be accepted, or feel good about themselves. Some of the most striking manifestations of this area of cognitive bias are such patients' propensity for overlooking their positive attributes, disqualifying their accomplishments as being minor or meaningless, and misinterpreting the care, good will, and concern of others as being based on pity or susceptible to being lost easily if those others knew the "real" patient.

Depressed patients view their lives as devoid of pleasure or reward, presenting insuperable obstacles to achieving their important goals. Everything seems and feels "too hard to manage," and other people are seen as punishing (or potentially so).

They believe that their troubles will continue indefinitely, and that the future will only bring further hardship, deprivation, and frustration. It results from the depressed patients' pessimism and hopelessness. Expecting their efforts to end in failure, they are reluctant to commit themselves to growth-oriented goals, and their activity level drops. Believing that they cannot affect the outcome of various situations, they experience a desire to avoid such situations. Suicidal wishes are an extreme expression of the desire to escape from problems that appear to be uncontrollable, interminable, and unbearable.

1.7.3 Psychodynamic Theory

Sigmund Freud is considered to be the founder of the psychodynamic approach to psychology which looks closely at the unconscious drives that motivate people to act in certain ways. The role of the mind is something that Freud repeatedly talked about because he believed that the mind is responsible for both conscious and unconscious decisions based on drives and forces. Unconscious desires motivate people to act accordingly. The id, ego, and super ego are three aspects of the mind. Freud believed to make up a person's personality. In classical Freudian psychoanalytic theory, the death drive is the drive towards death, self-destruction and the return to the inorganic: the hypothesis of a *death instinct*, the task of

which is to lead organic life back into the inanimate state. It was originally proposed by Sigmund Freud where he wrote of the opposition between the ego or death instincts and the sexual or life instincts. The death drive opposes Eros, the tendency toward survival, propagation, sex, and other creative, life-producing drives. The death drive is sometimes referred to as "Thanatos" in post-Freudian thought, complementing "Eros"(Freud, 1917)

1.7.4 From Possesion to Psychiatry

Suicide is known in all cultures and periods of history. It is known in the Jewish, Christian and Islamic faiths (Lester, 2006).

In ancient Greek and Roman times suicide was permissible (Anthony and Cleopatra suicided). However, for most of history, suicide, like homicide, has been forbidden. Among East African tribes the tree from which self-hanging had occurred had to be felled and burnt (Bohannan, 1960).

While the Bible does not contain a clear prohibition(Koch, 2005), the Christian church has considered suicide to be the result of satanic possession, and refused to bury the body with the usual religious rites. From pre-Christian times, in various countries, a stake was driven through the body, which was then buried at the crossroads. This custom was last performed in London, in Britain, in 1823.

After the 1820's, the moral/religious debate became "medicalized". At a time when the recognized mental disorders were mainly the organic mental states and the psychoses, the notion was advanced that every person committing suicide was suffering a mental disorder. Berrios (1996) designated this position, the "psychiatric thesis", and the contrasting view, that suicide is not always due to psychiatric illness, the "standard view". He summarized the arguments and concluded that by the end of the 19th century, the debate had been decided in favor of the standard view.

In the 20th century, when the neuroses (mild depression and anxiety disorders) and personality disorders were described under the rubric of mental disorders, the debate flared up again. As mentioned in the psychiatric view, the most widely held current view is that mental disorder is always, or almost always, the result of a mental disorder. It is argued that suicide risk may increase rapidly as a result of sudden overpowering distress, or intoxication, in people with mental disorder. Wyder (2004) examined individuals who had survived a suicide attempt; 51% reported acting after thinking about their actions for 10 minutes or less. Of those who had been affected by alcohol, 93% had thought about their actions for 10 minutes or less. Impulsive acts make prevention problematic.

The mental disorder most commonly associated with acute suicide risk is major depressive disorder. The risk is particularly great when the depression is severe and psychotic symptoms (delusions of guilt and loss) are present. Mental disorders may be complicated by unhelpful personality features, and alcohol use. Dumais et al. (2005) investigated cases in which suicide was completed during an episode of major depression. They found that impulsive-aggressive personality disorders and alcohol abuse/dependence were two important, independent predictors of suicide in major depression.

Some individuals are at long term chronic risk of suicide. Chronic risk is a common feature of personality disorder, particularly borderline personality disorder. The personality disorders differ from conditions such as major depressive disorder, which manifest discrete episodes of difficulties. "Personality" refers to the persistant characteristic of the individual in which the individual responds to the environment. Personality disorder is diagnosed when features of the personality lead to "distress and impairment". When the suicide risk is due to personality disorder, as personality disorder is a long-term (rather than episodic) disorder, the suicide risk will be, at least, chronic. While personality disorder is a chronic condition, there may be superimposed periods of more acute distress and acute risk of suicide. Borderline

personality disorder, characterized by a pervasive pattern of instability of interpersonal relationships and mood, and marked impulsivity, has a 10% lifetime risk of suicide (Plakun, Burkhardt, & Muller, 1985). Impulsive suicide is usually triggered by adverse life events ((Zouk, Tousignant, Seguim, Lesage, & Turecki, 2006).

The personality of people with personality disorder may mature and distress may lessen over a period of years, particularly with the assistance of ongoing outpatient care. Lengthy inpatient periods in psychiatric facilities are at best useless and at worst, damaging; they remove individuals from the real world in which they must learn to function, and delay the development of a sense of personal responsibility. However, brief hospitalization of individuals with personality disorder may be helpful during crisis periods (no longer than 72 hours) to allow the settling of acute episodes of distress (Krawitz & Watson, 2000). Wyder (2004) reports that of those who attempt suicide, in 79% the impulse has passed within 12 hours.

The management of patients with borderline personality disorder is legally perilous for doctors because of the lack of understanding in the community of the chronic risk of suicide and the optimal treatment mentioned in the above paragraphs (Gutheil, 1985). It indicates the psychiatric morbidity in suicide attempts.

1.7.5 Criticism to Prevailing Psychiatric View

In the prevailing view, many psychiatric suicide experts believe that psychiatric disorder underpins all, or almost all, suicide. But Pridmore (2011) has a different view, believing that while psychiatric disorder underpins much, it by no means underpins all suicide.

Suicide represents “a huge human tragedy”, with a rates from 3 (Greece) to 16 (Australia) to 31 (Russian Federation) per 100 000 per year (Leo & Evans, 2004). Major depressive disorder and bipolar disorder is associated with at least 60% of suicides

(Bertolote, Fleischmann, Leo, & Wasserman, 2003; Goldney, 2003) . The lifetime risk of suicide of people with major depression is 3.4% (Blair-West & Mellsop, 2001). Up to 83% of those who complete suicide have had contact with a physician in the year before their death (Luoma, Martin, & Pearson, 2002).

Research groups, who are dedicated to the understanding and prevention of suicide conduct "psychological autopsies", sift through all the information available regarding the events of the individual's life prior to suicide. They report evidence of diagnosable mental disorder in 90% of those who suicide (Arsenault-Lapierre, Kim, & GTurecki, 2004) and argue that the remaining 10% probably suffered a mental disorder which they were unable to detect (Ernst et al., 2004).The "psychological autopsy" is not without scientific difficulties (Pouliot & Leo, 2006). Retrospective investigations are notoriously inaccurate, and it is possible that distress is misdiagnosed as depression.

With respect to people who are admitted to psychiatric wards, there are two peaks in the completion of suicide, one is immediately after admission and the other is immediately after discharge (Qin. & Nerdentoft, 2006). Evidence indicates that in certain areas, the introduction of antidepressants has reduced the suicide rate among depressed individuals (Nettelbladt, Mattisson, Bogren, & Holmqvist, 2007). However, this has not reduced national suicide rates. Schizophrenia is associated with a lifetime risk of completed suicide of 9-13% ((Pinikahana, Happell, & Keks, 2003), and may therefore be more lethal than depression. Other diagnoses, including anxiety, are also associated with greater risk (Friedman, Smith, & Fogel, 1999).

In recent research, psychiatric disorder leading to hospitalization was the most prominent risk factor, but unemployment, low income, single and divorced marital status, and family history of suicide additional important risk factors (Qin., Agerbo, & Mortesen, 2003). There is little opposition to the orthodox psychiatric view of suicide in the western academic

literature. Earlier, Stengel (1970) estimated psychosis, neurosis or personality disorder to be present in 34% of cases, but recent work (Nettelbladt et al., 2007) found evidence of psychiatric or alcohol disorder in 93 % of cases.

But, this very high relationship with mental disorder is not always reported. Wang and Stora (2008) found evidence of psychiatric or drug disorders in only 61% of suicides in the Faroe Islands. Recent work in China found a "startlingly" low rate of mental disorder among completers (Law & Liu, 2008), and a recent editorial stated, "the crucial and causal role of depression in suicide has limited validity in Asia" (Vijayakumar, 2006).

The research indicates that mental disorders along with other psychosocial factors are associated with a higher risk of suicide. So treating those patients need to be aware and, when possible, take appropriate action to prevent suicide.

1.7.6 Genetics

The genetic contribution to suicide is important. Some studies found association between suicide and genetic factors. Adoption (Schulsinger, Kety, Rosenthal, & Wender, 1979), family (Wender, Kety, & Rosenthal, 1986), and twin (Baldessarini & Hennen, 2004) studies have demonstrated that genes have a powerful influence on suicide risk. Risk is shared by biological but not adoptive relatives, which demonstrates that the familiality of suicide is due to genes rather than family environment (Wender et al., 1986).

Recent work demonstrates that suicide and social behaviour is transmitted within families independently from the transmission of psychiatric disorder (Brent. & Melhem, 2008). Thus, it is not that psychiatric disorder is transmitted which then leads to suicide.
Voracek and Loibl (2007), reported that heritability, which has 30-55% accounts of the risk for suicide. Genes for suicide are not proposed; rather this effect probably comes via genetic influences on the personality features of neuroticism/hopelessness and impulsivity/aggression, which underpin some suicidal behavior.

A recent comprehensive study did not reveal any genetic variants which predicted suicide risk, and studies of rare variants are now recommended (Uher & Perroud, 2010).
So it can be said that genetic might have effect on suicide.

1.7.7 Distress

There is general agreement that all those who perform suicide are emotionally distressed at the time. This probably includes those who suicide "for the greater good" of their community, such as political protesters, Kamikaze pilots and suicide bombers.
Not infrequently, we learn of the suicide of people who are suffering intractable physical pain. Chronic pain doubles the risk of suicide(Tang & Crane, 2006).

A recent New Zealand study (Purvis, Robinson, Merry, & Watson, 2006) found that 'problem acne' was associated with an increased risk of suicide attempts. This association remained after controlling depressive symptoms and anxiety. Thus, for this group, problem acne generated distress which could not be classified as depression or anxiety.

1.7.8 The Sociological Model

It is experienced that though approaching in quantitative ways is more difficult, for more effective suicide prevention biological and psychological characteristics, and factors related to the cultural, social and physical environment should be given more attention.
Emile Durkheim(1951), a French sociologist, published his important text, "Suicide". He proposed that social factors were the setting and major cause of most suicide. His critics claim that he paid no attention to the mental state of individuals and mental disorders – this is not accurate (Pridmore, 2010).

As a sociologist, Durkheim depicted attention to the sociological factors of suicide, and this is a great and enduring contribution to the field of suicidology. He emphasized, 1) social integration (attachment to society providing a sense of purpose and meaning), and 2) moral regulation (the healthy society providing limits to the aspirations, behavior and

thereby, the disappointments of the individual). Social integration refers to shared beliefs and relationships between individuals. Appropriately integrated societies give both meaning to life and emotional support. When the individual becomes less attached to society there is an increased risk of suicide. Durkheim wrote of the dangers of "excessive individualism" and the associated loss of "object and meaning". And, finally, when integration is inadequate, "The individual yields to the slightest shock of circumstances because the state of society has made him a ready prey to suicide". This is 'egoistic' suicide. It is noted here that egoistic suicide may occur because of features in the individual, it is not necessarily the result of an unhealthy society, but simply that this particular individual does not well integrate (find meaning and support) with this particular society.

Moral regulation refers to the limitation and modulation of "the passions" (including aspirations). Durkheim used the term "anomie" to describe the situation when society provides inadequate regulation. He believed that in a state of anomy, society no longer provides regulation through shared values and beliefs, "the passions" are without limit, and the consequent exhaustion (due to unquenchable aspirations) and dejection may lead to suicide. This is 'anomic' suicide.

For the sake of completeness, mention must be made of excessive integration and excessive regulation. Excessive integration pertains when the individual is "completely absorbed in the group" and has no independent identity. Durkheim believed this could lead to 'altruistic' suicide (such as the Kamikaze pilots, Thich Quang Duk, above; the opposite of egoistic suicide). Excessive regulation pertains to "futures pitilessly blocked and passions violently choked by oppressive discipline", and is observed among prisoners and the incurably sick. This was termed 'fatalistic suicide'. Altruistic and fatalistic suicide are rare and of little importance here. Egoistic and anomic suicide or associated factors are probably far more common.

Durkheim was the first to demonstrate that the suicide rates of the different nations were different, but relatively stable over time.

Recent major work (Hansen & Pritchard, 2008) examined the relative levels of suicide rates among 22 developed countries over the last quarter of the 20th century, and among 11 countries over a 112 year period, including the entire 20th century. Highly significant correlations were found for men, women and total suicide rates in both groups. Although actual national rates fluctuated over differing socio-economic cycles, they broadly moved together.

Current sociological studies of suicide continue to support Durkheim's work. A major study by Zimmerman (2002) concluded that the findings are consistent with the Durkheimian view that suicide is a statement about the characteristics of those institutions that normally function to relate individuals to each other and the larger society thruogh marriage, community, workplace, social welfare is actually linking macro-level phenomena with the actions of individuals". Qin. et al. (2003) while finding that psychiatric disorder was a prominent risk factor for suicide, also found support for the Durkheimian theory that the protective effect of marriage is largely an effect of being a parent.

Olson and Wahab (2006) states that the impact of social factors (in particular, anomie) on suicide rates is currently well demonstrated in the North American Indians, who have the highest suicide rate of all ethnic groups in the United States. According to Strickland, Walsh, and Cooper (2006) the culture is under extreme pressure and family conflict where alcohol abuse and hopelessness are believed to be important factors leading to suicide. This is also found from some other studies. The 2003 SARS epidemic in Hong Kong was associated with a marked increase in the suicide rate of the elderly, and biopsychosocial factors have been implicated (Chan, Chiu, Lam, Leung, & Conwell, 2006). Psychosocial stresses have been

associated with the suicidal behavior of adolescents in rural China (Liu et al., 2005) and Korea(Kim, Jung-Choi, Jun, & Kawachi, 2010).

The importance of social factors in suicide in Australia was demonstrated by Page, Morrell, Taylor, Carter, and Dudley (2006), across the period 1979-2003, socioeconomic status differentials in suicide persisted for both men and women. Low socioeconomic status was consistently associated with higher suicide rates, high socioeconomic status was consistently associated with lower rates and middle socioeconomic status was consistently associated with a suicide rate between these extremes.

The importance of social issues was recently highlighted in England, where suicidal ideation was generally lower in ethnic minority groups (Crawford, Nur, McKenzie, & Tyrer, 2005).

With respect to religion/culture, evidence suggests a lower suicide rate among Muslims than other groups (Shah & Chandia, 2010). The relationship between perinatal circumstances and subsequent young adult suicide has recently been examined (Riordan, Selvaraj, & Stark, 2006). A higher suicide risk was demonstrated for those who were, 1) the offspring of young parents, 2) the children of mothers of high parity, 3) the children of non-professional parents, and 4) of low birth weight. This study suggests that less than optimal perinatal circumstances impact on the individual, perhaps through personality development, limiting coping skills in later life.

It is seen that sociological factors have a significant impact on the rate of suicide. Thus, suicide is not simply a matter for mental health, it should be considered from other perspectives.

1.8 Burden of Suicide

Attempting suicide is a burden of our society. It not only degrades individual's dignity but also hampers the regular discipline of the society. When a person attempts to suicide, it

gives extra psychological pressure on the family, friends, physicians and other people of the society. Sometimes it becomes burden for them.

Minnaar et al. (1980) noted that 723 cases of parasuicides were reported in one year in a hospital in Durban. These patients were predominantly women, aged between 20 and 29 years, and single. Only 310 of these patients were assessed by the psychiatrist in that hospital, and the most prevalent psychiatric disorders diagnosed were reactive depression, and conduct disorders. The most common method of parasuicides was ingestion of benzodiazepines and analgesics. Similar findings were made by Cummins and Allwood (1984), in another study on children and adolescents done in Johannesburg. Common predisposing and antecedent factors were family stress, especially divorce, previous psychiatric illness in the patient or family, and school problems. Breetzke (1988) Breetzke reported a much higher suicide rates among Whites than other racial groups. Similar findings were made by Flisher et al. (1993). They concluded that because the suicide rates were increasing among the young and elderly age groups, there is need to institute preventive measures in communities.

In another study done in South Africa, Peltzer and his colleagues reported that suicide ideations and attempts were more common among Asian high school students than their White and African counterparts(Peltzer, Cherian, & Cherian, 2000). In a study that involved 269 admissions to an alcohol rehabilitation unit in Western Cape, South Africa, suicide attempts were associated with female gender, white racial group, single status, and early age of problem drinking(Allan, Roberts, Allan, Pienaar, & Stein, 2001). Among 27 students who drank battery acid in apparent suicide attempts, common features were limited schooling and unemployment, and common triggers were minor to moderate stressor, especially domestic arguments(Wilson & Wormald, 1995).

About 1.3% of all registered deaths in South Africa between 1984 and 1986 were due to suicide(Flisher & Parry, 1994). Mortality rates due to suicide were higher among Whites followed by Asians and Coloureds. The most common method used by Whites was firearms, while hanging was more common in other racial groups. Similar report was made by Burrows et al in another study done in South Africa(Burrows, Vaez, Butchart, & Laflamme, 2003).

So it can be concluded that because the suicide rates is increasing, there is need to institute preventive measures in communities.

1.9 Impact of Suicide on Others

Naturally there is impact on others like on relatives, friends, and the person who treated them.

1.9.1 Impact on Relatives and Friends

There is surprisingly little standardized data on the effect of relatives and friends of those who suicide. Anecdotally, suicide causes much suffering in at least some relatives and friends. This may be greater when the relationship has been difficult between the person who suicides and those who are left. Some authors believe suicide can represent an aggressive act, an angry rejection and punishment of friends and relatives.

1.9.2 Impact on Mental Health Professionals

It is very usual that attempting suicide or committing suicide not only has its bad impact on the mental or psychological condition of the person but also has its influence on all the circumstances with which the person is associated.

Ting, Sanders, Jacobson, and Power (2006) described the impact of client suicide on mental health social workers, which in extreme cases included refusing to see further clients who appear to be at some risk, leaving the place of work and even the state.

Alexander, Klein, and Gray (2000) studied psychiatrists reported that following the suicide of a patient, a large proportion develop symptoms suggestive of depression, which last for at least a month, and 15% consider taking early retirement.

Dewar, Eagles, Klein, Gray, and Alexander (2000) studied trainee psychiatrists and found 31% reported the suicide of a patient had an adverse impact on their personal lives. Following a suicide the trainees became "over cautious" in their management of patients, which was to the disadvantage of patients. 9% of trainees considered a change of career, and a small proportion decided not to pursue careers in general adult psychiatry because of its higher risk of patient suicide.

Eagles, Klein, Gray, Dewar, and Alexander (2001) state that it is probable that arduous expectations of prediction and prevention may contribute to the distress which causes suicides. Such expectations of prediction are based on an incomplete understanding of the field and are unfair. There is a world wide shortage of trained mental health professionals, and any process which further depletes this pool exposes rather than protects patients.

1.10 Prediction and Prevention

It is possible that the attempt to suicide may be prevented by being careful about the intense and responsible observation of the near and dear ones.

In efforts to identify individuals at high risk of suicide, various lists of "risk factors" have been identified, such as, male, older, widowed, single or divorced, childless, high density population, residence in big towns, a high standard of living, economic crisis, alcohol consumption, broken home in childhood, mental disorder, physical illness (Stengel, 1970). It was expected that equipped with such lists, helpers would be able to identify those at high risk and then provide help which would prevent suicide. The attempt to predict uncommon behavior such as suicide unavoidably generates a huge number of false-positive and falsenegative cases (Sher, 2011).

In another example Burgess, Pirkis, Morton, and Croke (2000), states that 20% of the suicides were considered preventable. The danger of retrospective studies aside, there is no proof in such statements that had the apparent shortcomings identified by experts been altered, suicide would have been prevented. An exemplary admission procedure does not stop the patient out on leave getting drunk or being rejected by a lover; it does not strengthen the last straw for that individual.

Beck, Brown, and Steer (1999) found that outpatients were at high risk of suicide, people 100 times more likely to suicide than members of the general population. They found the suicide rate among this high risk population was only 0.2% per annum. Thus, to save one life, even in this high risk group, it would be necessary to provide infallible care, 24 hours per day to 500 people for one year. Also, the support offered would need to be in a form acceptable to the individuals.

Powell, Geddes, Deeks, Goldacre, and Hawton (2000) studied psychiatric inpatient suicide. They compared those who had suicided as inpatients with a control group and identified risk factors. However, they concluded saying that several factors were identified which were strongly associated with suicide but their clinical utility was limited by low sensitivity and specificity combined with the rarity of suicide, even in this high-risk group.

Fahy et al (Fahy, Mannion, Leonard, & Prescott, 2004) asked 7 experienced mental health professionals to read the notes of 78 psychiatric patients, and attempt to predict which 39 had suicided. The readers considered all known suicide risk factors. The result was that these skilled clinicians did no better than chance. The authors' state, "…these disappointing findings call into question the clinical utility of risk factor findings to date".

There have been a number of well resourced small studies, in which high risk groups have been given sustained attention with special counseling and additional support. In none of these was there a significant difference in outcome when the experimental was compared

to a control group. Reviewing these studies, Gunnell. and Frankel (1994) found that no single effort has been done in a well conducted randomized controlled trial to decrease suicide. Similar conclusions have recently been made with respect of suicide among young people (Robinson, Hetrick, & Martin, 2011). It can be said that warning signs along with risk factor can play a significant role in preventing suicide.

1.11 The Present Study

The present study deals with justification of the study, research questions and research objectives

1.11.1 Justification of the study

In recent years suicide has become a common issue all over the world. In Bangladesh the rate of suicidal attempt is increasing. In Bangladesh many researches were doing work on suicide using quantitative approaches. So it is very important to explore the psychosocial factors of suicidal attempt to deal with this issue. So I want to investigate the psychosocial factors of suicide attempts.

1.11.2 Research Questions

1. What are the psychosocial factors associated with suicide attempt?

2. How does suicide attempt takes place?

1.11.3 Research Objectives

General Objective: To explore the psychosocial factors leading to suicide attempts.

Specific Objectives:

- To explore the psychological factors leading to suicidal attempts,
- To explore the social factors leading to suicidal attempts,
- To understand the interplay of social and psychological factors leading to suicide attempts.

This chapter deals with introduction. The following chapter is described with an overview of the literature. The chapter three presents investigation of this present study. The chapter four concerns with the findings of this study. The last and final chapter deals with discussion of the main findings of this study and the implications there off.

CHAPTER II

LITERATURE REVIEW

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LITERATURE REVIEW

2.1 Suicidal Trend

Latif, Nahar, Haque, and Jewel (2007) conducted a community based retrospective study named "Suicidal trends in Bangladesh: Existence of a regional variation" in a district of Bangladesh Jhenaidah which is well-known for its suicidal endemicity and in Khulna to compare the cohort population. Three hundred and seven cases were randomly taken from Jhenidhah district and one hundred and eighty three cases were selected randomly from Khulna district. It was found in the study that the highest risk group for suicidal both in male and female was 15-29 years. In age difference 61.9% of the suicide and parasuicide victims were female and only 38.12% were male. Among the participants 46.57% were housewife and 18.89% were students. From the result it is clear that there was significant difference in the history of previous suicide attempts among victim of two areas. 67.4% of Jhenaidah participant have a history of previous suicide attempts and 76.9% have positive family history of suicide attempt in Jhenaidah. In comparison 12% participants have a history of previous suicide attempts and 7.1% have positive family history of suicide attempt in Khulna. Among the participant 39.1% of sample population of Jhenaidah monthly earning less than two thousand taka and average monthly earnings of Khulna is around four thousand taka. In Jhenaidah 69.1% participants used insecticides, hanging 19.9%, sedatives 6.8%, and kerosene 4.2% whereas among the participants of Khulna 54.6% used insecticides, 20.8% copper sulphate, 9.8% hanging, 7.1% savlon, 3.8% kerosene and Sedatives 3.8%.

It was found among the participants of two districts that 72.43% have depression, 12% have mixed anxiety disorder, 10.28% have personality disorder, 7.6% have drug addiction, and 5.7% have schizophrenia. Among the participant of Jhenaidhah 28.3% was the matrimonial conflict as primary cause of suicide, whereas 60.1% participants have familial

disharmony and conflict was the primary cause in Khulna. The second primary cause (28.3%) in Jhenaidah is poverty whereas matrimonial conflict (24.0%) was in Khulna. Other causes were love related conflict 7.8%, extramarital affairs 5.7%, dowry 4.7%, academic failure 1.7%, and physical illness 2.2%. The success rate of suicide attempt was 23.8% in Jhenaidah and 15.8% in Khulna. The success rate among female (23.9%) more than male (16.1%). Timing of suicide was also varies in Jhenaidhah 22.8% committed suicide after midnight but in Khulna 41.7% committed suicide in the morning.

CENTER FOR DISEASE CONTROL(2006) had found that national statistics underscore an alarming trend in suicide ideation, planning, and attempts among adolescents. Nationwide, nearly 17% of students reported seriously thinking about suicide in the past 12 months; 8% had attempted suicide at least once in the last year. Interestingly, while suicides have declined in numbers over the last several decades among the general population, it is the third leading cause of death among young persons age 15-24, closely trailing accidents and homicides. Suicide risks across sociodemographic groups are not uniform; ideation and attempts tend to be higher among females, whites, and older high school students . As is generally the case with other risk-taking behaviors, a more careful analysis is required, particularly some understanding of exactly what factors beyond sociodemographic ones, contribute to both the increased risk as well as the mediated protection for both suicide ideation and attempts among adolescents.

2.2 Suicide vs. Psychiatric Disorder

Alam et. Al.,(2007) conducted a review study named “Suicide in Panic Disorder” where data were collected by Medline search of the term Panic disorder crossed with the suicide, also collected from text, published journal and scientific documents. The study found that psychiatric patient have three to twelve times more suicide risk than that of non patients. Almost 95% of all persons who commit suicide or attempt suicide have diagnosed as

psychiatric patient. Persons with panic disorder alone or with comorbid disorder like major depressive disorder, social phobia, generalized anxiety disorder, post traumatic stress disorder, obsessive compulsive disorder, personality disorder or substance related disorder can lead to suicide. Roughly 20% of panic disorder patients attempt suicide at least once and 12% of patient with individual panic attack attempt suicide. It was found from this study that the rate of suicide attempts in patients with comorbid panic disorder has been higher than the rate of suicide attempts in patients with major depression.

Ahsan (1998) conducted a retrospective study named "Attempted suicide: a comparison between two groups of psychiatric inpatients". It was comprised 292 inpatients of psychiatric unit of a general hospital to compare between who had attempted suicide and who had not. Demographic and clinical data were collected from patients' case record. To delineate the demographic and clinical characteristics of the patients' information were collected on sixty five variables. The findings of this study showed that the participants who attempted suicide were significantly younger than who had not. Among the participants higher percentage was single, separated, widowed or divorced. The result demonstrated that the percentage of unemployment was higher in attempted suicide group. The result demonstrated that the higher percentage of participants having attempted suicide had the history of marital discord. Among the participants higher percentage of attempted suicide group had the history of physical disorders, history of drug and alcohol abuse and past history of physical illness. The findings revealed that the participants who had attempted suicide had lower level of current Global Assessment of Functioning score.

Ali et. al.,(2005) conducted a study to assess the psychiatric morbidity (depressive disorder) among suicide attempters. Diagnosis was made on the basis of DSM-IV criteria. The sample was 104 and semi-structured questionnaire containing demographic and relevant information covering social, developmental, environmental, family death, occupational,

financial, and professional histories. The result revealed that 65.4% were suffering from psychiatric disorder in which 70.7% were found to be suffering from major depressive disorder. Most common methods used were ingestion of insecticides and pesticides (42.3%) which were common organ phosphorous compounds used for domestic and agricultural purposes in Bangladesh. Other method were Diazepam (17.3%), hanging (16.3%), Rodenticides (7.7%), Phenol (4.8%), Amitriptyline (2.9%), Paracetamol (2.9%), Savlon (1.9%), Bleaching powder (1%), jumping from height (1%), alcohol overdose (1%) and others (1%). The reasons for attempted suicide were family problem (41.2%), failure in exam (11.8%), marital problem (11.8%), love disappointment (11.8%), illegal pregnancy and illicit sex relation (11.8%), torture by husband (5.9%) and financial problems (5.9%). Among the total participants 65.4% were suffering in psychiatric disorders and 14.4% were revealed with medical disorders which indicated that psychiatric disorders were higher than general medical disorders like epilepsy, rheumatoid arthritis, peptic ulcer diseases, migraine, syphilis, urinary tract infection and pelvic inflammatory diseases.

Alam, et. al.,(2004) conducted a review study on suicide in Bangladesh to highlight the issue of suicide including prevention strategies. The researchers collected the data from available literature, journals, media reports and scientific documents on suicide in Bangladesh. The review found that the average rate of suicide in Bangladesh was 8-10/1000,000 population/year and the highest rate of suicide has been observed in Jheneidah and Jessore districts. They found that 67.28% suicide victims were house wives, 69.56% were illiterate, 74.61% were 11-25 years old and 73.45% were female. It was found from this review article that most of the female in suicide victims were younger than male victims. They found that 37-59% of suicides were attempted for family problems and about 16-47% of suicide victims had previous history of attempted suicide. They found that about 62% of victims committed suicide in the house. It was found that 62.5% of attempted suicide had

psychiatric disorders and 20.2% had physical illnesses. They found some prevention strategies of suicide i.e. empowerment of women, abolishing dowry system, increasing treatment facilities of mental illness, reducing availability of means of suicide and adopting poverty alleviation initiatives.

2.3 Gender Issues in Suicide

Begum, H. A. & Begum, S., **(**2010**)** conducted a study, "Bangladesher meyeder attohotta: ekti monoshamajik bishleshon" The purpose of the study was to have an overview of the nature and causes of suicide of women and girls in Bangladesh. Data were collected from the reports of suicide in a daily news paper during 1992 to 1996. It was found that the highest incidence of suicide (78.8%) was occurred among younger females (12 to 26 years). Among the districts Rajshahi, Dhaka and Khulna divisions were in the topped in the list. The findings showed that 67.8% female who are married had committed suicide whereas 27.81% female who were unmarried had committed suicide. The most frequent modes of suicide were swallowing poison (55.62%) and hanging (36.42%). In considering the causes the most important one was family discord (62%). Other important causes were husband's torture for dowry (3.31%), love affairs (5.96%), anger and resentment with parents (9.93%), illness (6.62%) and failure in examination (3.31%). The researcher had conclude the findings that suicide of woman was an gender issue which is ingrained in gender discriminatory practices prevailing in society.

Khan and Kamruzzaman (2010) conducted a study on "The Present Vulnaribility to Female Suicide and Homicide in Bangladesh: An Analysis of Recent Cases". Secondary sources had been used for the collection of data regarding the recent suicide and homicide. Data were collected from Daily Prothom Alo of two months. Twenty one unnatural deaths and suicide of women had been used for the study. Content analysis was used as analysis method.

The study showed that women aged 15 to 30 were more prone to encounter the suicidal tendency (26.66%). The main causes were dowry or husbands' second marriage (40%), adultery (30%) of either the parents caused death to some innocent children. Other causes were eve-teasing (10%), and other family disputes (20%). Various ways of committing suicide were found these were Arson (2), drowning (1), jumping under train (1), poisoning (2), sleeping peel (1). Another exploration from that study was that the women who attempted suicide 42.85% were criminal and victims.

Qin. et al. (2000), conducted a study on "Gender differences in risk factors for suicide in Denmark" to identify risk factors for suicide among gender and to investigate whether risk factors for suicide differ by gender. Time- matched case control design was used to use Danish longitudinal register database from 811 suicide cases and 79871 controls. They used conditional logistic regression to analysis the data. They found that one of the most marked risk factor for suicide for both gender was a history of hospitalized mental illness. This study revealed that unemployment, retirement, being single, living in the capital area, past history of taking alcohol or drug misuse were the risk factors for both male and female. This finding also showed that absence from work for illness was a high suicide risk only for males whereas having a child <2 years old was significantly protective for women.

2.4 Exploratory Studies

Andrinopoulos and Meekers(2010) conducted a study on "Understanding Motivations of Suicide among Young Adults in Suriname". They explored perceptions of suicide among young adults in Suriname using focus group discussions among adult students. The objective of the study was to facilitate a broader understanding of the factors important to suicide prevention in this context. Moderators used a semi-structure interview guide to facilitate discussions. Questions were open-ended and focused on health issues important to young people, and causes of and solutions to suicide. Content analysis was employed to identify

main themes. In addition to the focus group discussion, the authors of this study made site visits to local hospitals and non-governmental agencies that provide support services to suicide victims. During these visits healthcare service providers including psychologists, counselors, physicians, nurses and hospital administrators described through informal conversations their experience with suicide patients, as well as prevention and treatment challenges. The participants described stress as a cause of suicide and financial worries, romantic relationship, worries related to school, study and future capacity to secure job and professional ability are the source of stressors. They described illegal activities including drug dealing for financial and material benefit and select certain type of romantic mate were their another type of stress for men and to refrain from having multiple romantic partners was the stress for women. They also described communication with parents, function of individual emotional strength and access to social support were their coping ability from suicide. They also described social norms and gender norms as a predisposition to commit suicide.

2.5 Psychosocial and Psychological Risk Factors of Suicide

Cheeng et.al (2000) conducted a research entitled, "Psychosocial and psychological Risk Factors For Suicide: Case Control Psychological Autopsy Study" and found five major risk factors(loss event, suicidal behavior in first degree relatives, ICD-10 major depressive episode, emotionally unstable personality disorder, and substance dependence) were found to have independent effect on suicide. Effective intervention and management for loss event and major depressive episode among emotionally unstable subjects with a family tendency of suicidal behavior frequently also comorbid with alcohol or other substance dependence, may prove to be most effective for suicide prevention in different population.

A number of psychosocial risk factors have been found to be significantly associated with the risk of suicide. They include marital disruption, unemployment, lower

socioeconomic status, lining alone, a recent migration, early parental deprivation, family history of suicidal behavior and psychopathopatholy, poor physical health and stressful life event.

Kumar (1985), conducted a study on socio-demographic and clinical parameters of parasuicide. He collected information about suicide and parasuicide from Dhaka Medical College Hospital. He found that among the participants of suicide in considering profession the number of house wives were the highest (23.33%), next students (10%) and then maid servant (6.66%). In respect of socioeconomic status most of the participants of suicide come from lower socioeconomic status (43.33%) and lower middle class. The rate of suicide was lower in higher class and higher middle class. The most important cause of suicide was family conflict (55%), and the next highest was affair break up (10%). Other important causes of suicide were psychological disorder (8.33%), torture for dowry (6.66%), poverty (5%) and unemployment (5%).

Summarizing the literature review it is worth mentioning that literature on suicide is not much poor in Bangladesh along with South Asian region. Most of the research has been done using quantitative research methodology to understand and find out different arena of suicide. Many researchers also covered identifying leading variables of suicide. In Bangladesh all study used quantitative research design. There are no attempts to understand the psychosocial factors leading suicide attempts. So, such findings clearly suggest performing qualitative study on the issue of suicidal attempts. However, current research attempted to explore the psychosocial factors and the interplay of those factors to understand suicidal attempts in Bangladesh context.

CHAPTER III

THE INVESTIGATION

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THE INVESTIGATION

This chapter contains detailed description regarding methods used in the present study and the procedure followed different stages of data collection to data analysis. It starts with giving reasons for choosing the exploratory qualitative research method. This chapter also contains research participants, tools used and the data collection procedure. Different stages in data analysis from open coding through memo writing, development of theoretical categories to sorting, diagramming and integrating are thoroughly discussed. Lastly, ethical consideration and validation of data from participants have been presented.

3.1 Research Design

Exploratory qualitative research design was used for this research to describe and explore the psychosocial factors leading to suicide attempts. The reason for using this approach is given below.

Summarizing the literature review it was seen that most of the research in Bangladesh has been done using quantitative research methodology to understand and find out different arena of suicide. Thus the issue needs exploration first to understand it adequately. Qualitative research design explores the factors such as the nature of individual experiences of a psychological condition or event in a flexible way and concerns to capture the individual's perspective. It is good enough for exploratory and discovery-oriented research. It permits a more flexible approach and gives more freedom to the participant. There is a chance to find out things that the researcher were not originally looking for or expecting. (Barker, et. el., 2002).

3.2 Research Participants and Sampling

In qualitative research, participants are selected usually purposefully who had the experience of the phenomenon being explored and can describe their lives' experiences and known as research participants. Usually when the researcher find similar characteristics of the individual take it as research participants(Barker, Pistrang, & Elliot, 2002). Eight respondents who attempt suicide one or several times were selected as research participants from Dhaka Medical college Hospital (DMCH) and personal referral for this present study. The age range of the participants' was from 16 to 43 years. All of them were educable and able to communicate their feelings, thoughts and action regarding the topic under study. Purposive sampling method was used to select research participants. Sample diversity was tried such as different age group, both male and female participants were tried, variation of socio-demographic variables etc. The participants were from lower class to upper class with illiterate to MA degree.

3.2.1 Inclusion and Exclusion Criteria

Inclusion criteria of the respondents were individuals having experience of suicidate attempt(s) in their life time. However, there were some exclusion criteria to ensure accuracy of data collection. Theses are:

1. Aged below 16 years to ensure credibility of data,
2. Having severe physical or psychological illnesses were excluded to ensure credibility of data and
3. Those who did not provide consent were excluded.

3.2.2 Participants' Characteristics

A total of eight participants were interviewed in this study. The demographic particulars of the participants were presented in a table below:

Table 1: Demographic information of the participants

Participants' number	Age (Years)	Sex	Education	Profession	No of Siblings	Birth Order	Marital Status	Urban/ Rural	Socio EconomicStatus
P1	24	Male	8th semester, hons	Student	2	1st	Unmarried	Urban	Middle class
P2	29	Female	MA	NGO	2	1st	Married	Urban	Middle
P3	43	Female	Illiterate	Beggar woman	4	4th	Married	Urban	Lower
P4	34	Female	B.A	House Wife	5	5th	Married	Rural	Lower-Middle
P5	28	Male	H.S.C	Business	2	2nd	Married	Urban	Upper-Middle
P6	16	Female	Five	None	3	1st	Un Married	Urban	Lower
P7	25	Female	Nine	House Wife	4	3rd	Married	Rural	Lower
P8	27	Female	Eight	House Wife	4	2nd	Married	Urban	Lower

3.3 Means and Instruments of collecting data

Data of the study was collected through the following means-

1. Socio demographic questionnaire
2. In-depth interview
3. Topical guide
4. Voice recorder

In the present study data, collection took place from December 2012 to February, 2013; data were collected by the researcher herself. From the very beginning of the interview, the researcher prepared the situation where the participant felt comfortable and could respond honestly and comprehensively.

1. Socio-demographic questionnaire: A socio-demographic questionnaire was used to collect basic demographic information such as age, educational background, occupation, socio-economic status and so on regarding clients' particulars. A sample of demographic questionnaire is attached in the appendices section of the report (please see appendix III).

2. In-depth Interview (IDI): An in-depth interview is optimal for collecting data on individuals' personal histories, perspectives, and experiences, particularly when sensitive topics are being explored(Barker et al., 2002). The in-depth interview is a technique designed to elicit a vivid picture of the participant's perspective on the research topic. So in present study in depth interview was employed using a topic guide prepared by the researchers.

3. Topical Guide: A general guide or topical guide which is used to the factors related to the experience and rich, vital, substantive descriptions of those experiences of the phenomenon of the participants, sometimes used in qualitative research (Barker et al., 2002). For this reason, a number of probable questions those seemed pertinent to the research enquiry was used as an initial guide and as per the requirement of the qualitative exploratory reseach approach new questions were added to carry on with the demand of each in-depth interviewing process. A sample copy of topic guide is attached in appendix IV.

4. Voice recorder: The whole conversion was audio-recorded by digital audio recorder (MP320, data storage capacity of 8GB, made by Transcend Co., made in Taiwan) and later on the conversion was stored at a personal computer for transcription. This way all the interviews were recorded and later on transcribed line by line. The all interviews used a set of questions on the experience of participants' romantic relationship breakup.

5. Observation: While doing in depth interview, informal observation was employed to understand participants' experience.

3.4 Study Procedure

The respondents were taken from different setting i.e., hospitals and personal contact. A topic guide was followed for collecting data but there was flexibility. In-depth interview technique was used. Data were analyzed by Nvivo8 software. Data were collected by the researcher herself. Voluntary participations were encouraged. Data collection was started with taking Informed Consent from the participant. To do that a written Inform Consent Form (please see, Appendix II) was used which contains the purpose of the study, the terms and conditions in using the elicited data, use of audio recording and also guarantee of confidentiality of all data of the participant which was present before the participant to read and the terms were discussed where clarification were needed and finally the signature was taken as a mark of inform consent. If the client agreed on that proposal, the informations were collected. Techniques of indepth interview were used to elicit data in the form of verbatim. A number of probable questions(please see, Appendix IV), those seemed pertinent to the research inquiry were used as an initial guide and as part the requirement quqlitative approach new questions were added to carry on with the demand of each in-depth interviewing process.

3.5 Data Processing and Analysis

NVivo8 software was used for data analysis. It is usually used for the categorizations of verbal or behavioral data. The procedure involves a series of steps. These are listed below-

1. All the interviews were transcribed.
2. Researcher carefully and repeatedly read each transcript to explore the underlying concepts related to suicidal attempt and code accordingly (please see, Appendix V).
3. From those open coding, researcher extracted themes and subthemes by categorizing the open coding (please see, Appendix VI). These theme and sub-theme brought into a huge picture.

4. In the same way, other transcripts were also done and new themes were added if it was found relevant.

5. All the transcribed interviews and the theme were examined to identify if they were all under the existing theme or it could show a way to new theme.

6. After that, it was checked again to confirm its proper place. Thus the analysis was completed.

It is necessary to mention that while doing qualitative research, bracketing is essential to conduct the study. This means we must put aside our biases, prejudices, theories, philosophies, religions, even common sense, and accept the phenomenon for what it is. So researcher tried to practice bracketing throughout the study.

3.6 Ethical Considerations

As the present research deals with human being, it was important to consider the ethical issues. The researcher followed Lipson(1994) ethical issues to conduct the present study in ethical manner. Informed consents were taken from the participants which contained the purpose of the study, the terms and conditions in using the elicited participant. The interviewer discussed where clarification was needed and finally her signature was taken as a mark of informed consent.

In order to ensure that the study was conducted in an ethical manner, the following were considered bearing Kvale's (1996) ethical guidelines in mind;

- Informed consent was obtained from each of the participants
- There was voluntary participation in the study which the participants could withdraw at any time.
- All informations were handled with the paramount confidentiality and concern for the protection of the participants' identities.

- Contact numbers and the offer of debriefing were respectively offered and the interview procedure had left any of the participants with emotions or other difficulties that they might wish to deal with.

CHAPTER IV

THE FINDINGS

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THE FINDINGS

A description of the findings of this study is given below. There are two broad sections in this chapter. Section-A, contains psychological and social factors associated with suicide attempts. Section B, proposes a model that shows the interplay of these factors (psychological and social) and tends to explain the individuals' progression towards suicide attempt.

Psychological factor incorporates two broad categories: vulnerable-self and blind-self. Social factor incorporates five broad categories. These are pathological family, detrimental relationships, uneven upbringing, obstructive community and instigating event. These categories again encompassed different sub-categories. These are as follows:

4.1 Section A: Psychosocial Factors

This section incorporates two broad categories. These are social factors and psychological factors. These factors can be presented schematically as follows:

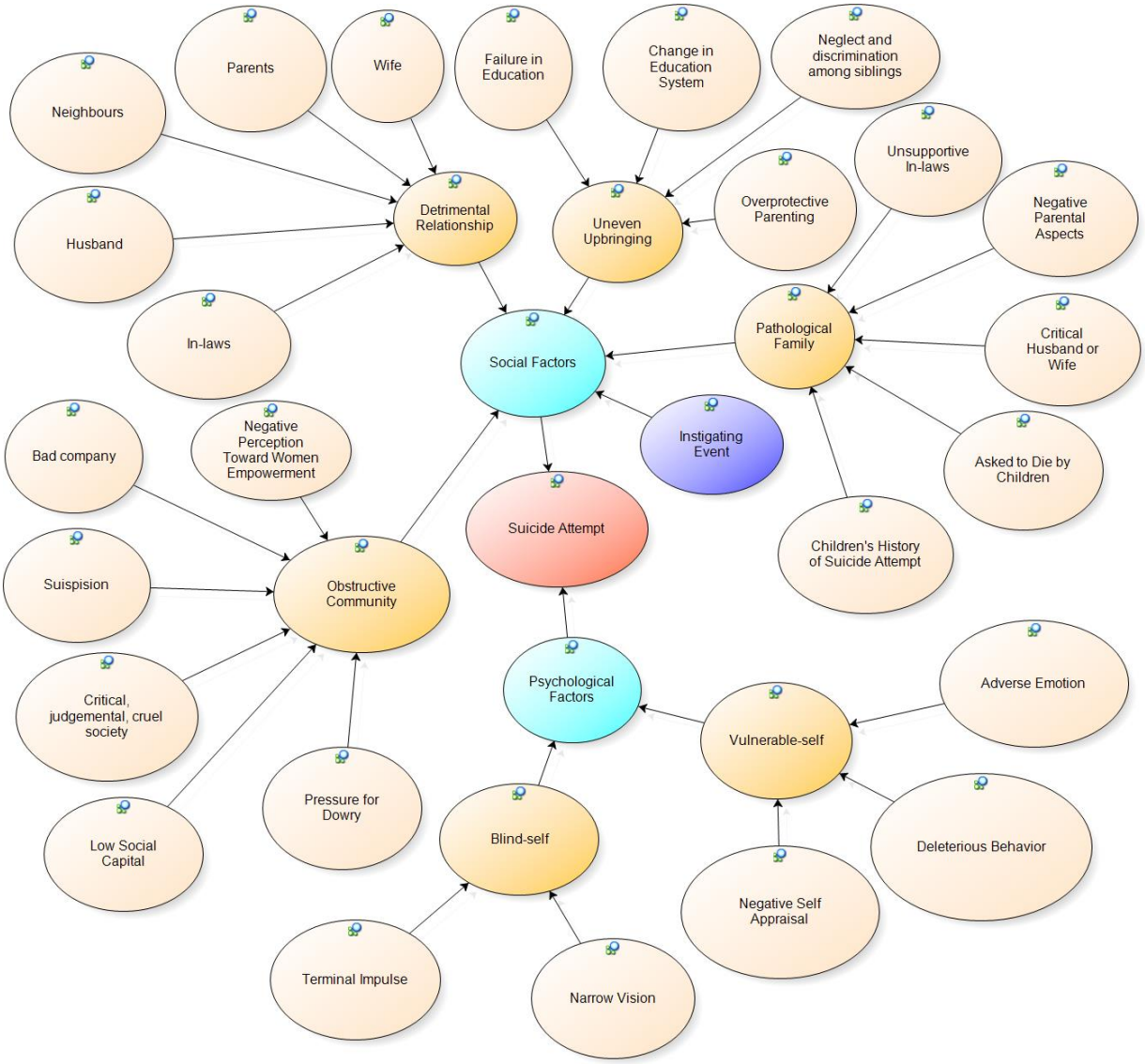

Figure 4.1: Psychosocial Factors Associated with Suicide Attempts

4.1.1 Psychological Factors

The psychological factors associated with suicide attempts include *vulnerable self* and *blind self*. Vulnable self again incorporates *negative self appraisal*, *adverse emotion* and *deleterious behaviors*. Blind self includes *narrow vision* and *impulse*. This can be showed as follows:

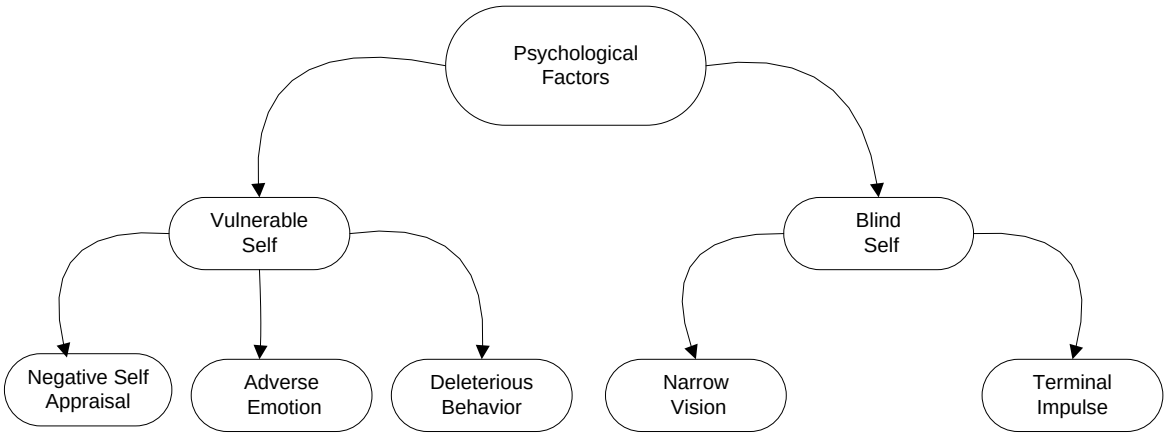

Figure 4.2: Psychological Factors Associated with Suicide Attempts

4.1.1.1 Vulnerable-Self

Most of the cases, there was a deprivation of love and affection, and had to struggle a lot in respect of education and economic affairs. There was severe pain inside them. There were feeling of insecurity, verbal abuse by intimate persons, feeling of blamed, feeling of wailing, also feeling of being discriminated, passive aggressions to hurt own self. It might have created the vulnerable-self.Vulnerable self is comprised of Negative Self-Appraisal, Adverse Emotion and Deleterious Behavior and their interaction.

4.1.1.1.1 Negative Self Apprisal

When the participants were scolded by anybody, or faced any unexpected situation they could not express it. So there were vapors inside them. It created negative self appraisal like: *'I have no value even for a penny', 'nobody believe me', 'I am unwanted', 'nobody care*

me', 'and life is very bad' etc. collectively it is called as negative self appraisal. When the suffering go out of their limit there were hot flash in whole body, head was feeling heavy. The participant became mad. They think that there was no way without suicide.

Participant's experience of suicide attempt was one of the products of negative self appraisal in stressful and unexpected situation. For example, sixth participant, when she was sexually abused (gang raped); her family blamed her for the loss of social reputation. They blamed that she left home with her boyfriend.

"My aunt thougth I flew away with my lover"[1]*(P-6).*

Other people also talked about her. In her own word,

"Others came to me and asked again rubbish, irrelevant thing"[2]*(P-6).*

At that condition, she considered herself as worst girl and she had no way without suicide. It made her feeling depressed and attempt suicide.

"As a consequence of feeling bad I attempted suicide"[3]*(P-6).*

They thought that there is no way to escape.

"I have no way to live"[4]*(P-3)*

"When there is bad reputation therefore no reason to live, only one way is suicide, and there is no need to consider others, it is better to kill myself"[5]*(P-6).*

Theses negative self appraisal might made the participant more vulnerable to suicde attempt.

[1] খালারা মনে করছে আমি হের লগে আমি পালাইয়া গেছি।

[2] তারপর আবার যখন সবাই আইছে,আহার পর আমারে আবোল তাবোল জিগাইছে।

[3] খারাপ লাগনেই তো আমি মনে করেন ফাঁসি লইছি।

[4] আমার বাঁচার কোন পথ ছিলনা ঠিকই।

[5] আমার নামে যখন বদনাম বার হইছে, তাইলে আর জীবন রাইখা লাভ কি, তাইলেআর জীবন রাহনের দরকার নাই,কারো কথা শুননের দরকার নাই, তাইলে নিজের জীবন নিজে দিয়া লাইলে ভালা না,

4.1.1.1.2 Adverse Emotions

There were much strong negative emotions which were strongly connected with vulnerable self and suicide attempts. Collective it is called as adverse emotion. This incorporates profound hopelessness, worthlessness, devoid of peace, shame and guilt, feeling of condemnation, anger and resentment.

Profound Hopelessness. All the attempts taken by the participants for being happy failed. Husband did not meet the basic needs; also they did not allow their wives in taking initiative for financial empowerment. Not only the participants were blamed for the demand of basic needs, but also suspected for extra-marital relationship. According to the text,

"If I get out of home, he suspects me"[6]*.(P-4)*

They tried again and again. But they failed. There was a learned hopelessness. It seemed to them that nothing could change the situation. According to the participant,

"All ways were closed. Moreover there were obstacles"[7]*. (P-4)*

"It would be better that I would die"[8]*.(P-8)*

Their suffering was beyond description, found no cause effect relationsip for that type of behaviors, no reason why they did it.

"Day after day you behaved this way. What is my fault?"[9] *(P-7)*

It was a continuous suffering for them. The participant was avoided by her close relatives for her husband. This was very hopeless condition for them. It is termed as profound hopelessness.This might have a contribution to vulnerable self and might forward them to suicide attempts.

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[6] ঘর থেকে বের হলে সন্দেহজনক কথা বলে।

[7] সব রাস্তা বন্ধ হয়ে যায়। উল্টা বাধা তৈরি হয়।

[8] এর চেয়ে ভাল আমিই মইরা যাই।

[9] আমি কি অন্যায় করছি? কেন তুমি এমন করতেছ?

Worthlessness. Not only the participants but also their family members were dishonored by their husband. Their husbands did not show respect to them. It made them sad and feeling zero. For example,

"I feel very hopeless. I have no value even for a penny"[10]*(P-4).*

There was no recognition in their family. Most of their positive initiatives were misinterpreted by their husbands. They were threatened to be divorce, for second (third or fourth) marriage of husband. They were afraid of being humiliated in the society. It seems to be

"Life is very bad"[11]*(P-8).*

They were not prepared for that condition. All those made them feeling worthless.it is termed as worthlessness. It might have connection with vulnerable self and suicide attempt.

Devoid of Peace. There were devoid of peace in family because of addiction of husbands, dowry, remarriage, and extramarital relationship of husbands, poverty, suspicion and unfaithfulness. For sixth participant, after the gang raped she was in a social pressure. Her neighbor bothered her a lot. According to the participant,

"Then they bother me a lot"[12]*(P-6)*

As well as she had no personal or social support. Nobody could accept the matter. Not only had that somebody told her to die. All those things made her to do the attempt.

The entire married participants were very unhappy in their conjugal life. They quarrel for no matter. When their husband scolded them at first they answered but at last have to surrendered by saying that

"I am bad…I am.so why did not you leave me".[13]*(P-7)*

[10] নিজেকে খুব অসহায় মনে হয়, মূল্যহীন মনে হয়। আমার দয়াল ফেনি দাম নাই।

[11] জীবনটাও অনেক খারাপ লাগে।

[12] তারপর হেরা অনেক অশান্তি করছে,জ্বালাতন করছে।

[13] কেন তুমি আমাকে বিরক্ত করতেছে, আমি তো ডিভোর্সের কাগজও দিয়ে দিছি। তারপরও তুমি সই করনি।

That led passive aggression. It made the wish that if she could heart herself. This is termed as *devoid of peace*. It might be associated with vulnerable self and suicde attempt.

Being the Prisoner of Temparament. For one participant he had to take psychiatric medicine for depression. If he did not take medicine there mood swing and he was depressed. It was one of the important factors for him. It is termed as *being the prisoner of temperament*. Acooding to the participant,

"I was passing very gloomy period. There were quarrel with parents frequently. I was not taking depressive medicine."[14]*(P-1)*

Shame and Guilt. After the sexual assault or divorce, other people blamed the participants for the incident. They were being interrogated about the details of the incident. People were very judgmental towards the person. They were told that if the purity of woman was lost, everything was lost; there was no way to live a normal life for such a woman. Everybody was talking about the matter. They were also making stories. Those were beyond the tolerance level for them. So they thought it would be better for them to die instead of showing such a bad face to others. The calculation was that if they were out of sight they would be out of mind. They would not talk about their matters. One opinion was like that,

"When I came home nobody believe me"[15]*(P-6),*

"Many people said many things which were disgusting to listen, which had physical reaction inside me. They said which was not happened,"[16]*(P-6)*

She had guilt

"If I would not go with her (my friend)".[17]*(P-6)*

[14] - আমার আসলে তখন একটা খুবই ডিপ্রেসিং সময় যাচ্ছিল। আর বাবা মার সাথে প্রায়ই ঝগড়া ঝাটি হতো। আমি আ তখন ডিপ্রেশনের কোন ঔষুধ খেতাম না।

[15] বাড়িতে আসার পর কেউ বিশ্বাস করে নাই।

[16] মাইনষে একজনে এক কথা বলে,যা শুনতে ও ঘিন লাগে,শইল্যে বেজে,যেটা না হয় হেইঠাও কয়, যেইটা না হইছে হেইঠাও কয়, যেইঠা হইছে তাও কয়।

[17] আমি যদি ওর বুদ্ধি না ধরতাম ,ওর লগে না যাইতাম।

For sexual abuse people as well as the participant herself blame her for the incidence. The society could not take it normally. As she was blanked as well she had a self-harming tendency she had a wish to heart herself.

"..Gone to die myself..."[18]*(P-6)*

It is termed as *shame and guilt*. It showsthat there might be a strong connection with vulnerable self and suicide attempt.

Feeling of Condemnation. The participant six was gang raped. The perpetrators not only raped her but also made fun about her. She felt humiliated and oppressed. She was anxious as well as depressed about the aftermath. She was cheated by her best friend. When she came back home many people said many things. She felt irritated at the same time embarrassed when she was interrogated, blamed and everybody was gossiping about her matter. When she got her sense back, she found nobody around herself. They were busy in gossiping at her uncle's home. She could hear their talking. She felt lonely, rejected, and unfaithful. It termed as feeling of condemnation. It is elucidated by the following verbatim.

"There is proverb that many people tell many things. It seems to me that it would be better to die"[19]*(P-6).*

In Her voice,

"My real address is death"[20]*(P-6).*

She was hopeless. All those made her blank, she felt ashamed, devoid of peace and resentment was go out to made suicide attempt.

[18] হেইসময় মনে হইছে নিজে নিজে মইরা যাই।

[19] কথায় কথায় হুনেন না, এক মাইনষে এক কথা কয়,ঠিক আছে,পাঁচ মাথায় পাঁচটা মেয়ের পাঁচ মুহের পাঁচমুহে কথা এর চেয়ে মইরা যাওয়া ভালা না, আমার এরকম মনে হইছে।

[20] আমার আসল ঠিকানা হইছে মরন।

Anger and Resentment. In the background of suicide attempts there was *anger and resentment* among the participant. For cheating, blaming, negligence, lack of caring, ignorance there were severe anger inside them.

As she had low criticism tolerance from her childhood anger, resentment was outburst by hanging herself. For example participant one said,

"I had strong aggression on my father that my father always does this and it was very prominent at that time. The aggression was…for my father my life is in such a bad condition. He (father) again does this. So never I could do for my father….."[21]

It showed strong anger which would be closely related with vulnerable self and the suicide attempt. These adverse emotions lead to severe emotional pain among the participants.

4.1.1.1.3 Deleterious Behaviors

Antother important aspect of vulnerable self was deletoriuos behaviors. Some harmful behaviors are related with suicidal attempted these are withdral, stop talking, eating. The participant six she has withdral tendency from childhood. Collectively it is termed as deleterious behaviors. For example, the participant said that she could not tolerate criticism anymore. Then stopped eating and talking with others. Even did not go out of room. All her resentment was on herself. In her voice,

".....can not say myself. Seating alone in the room, stop eating, talking, and crying alone. Resentment is go with me, can not tolerate anything any word…."[22]*(P-6)*

She was impulsive. As the participant has physical limitation she suffered a lot for disability in hand in her daily affairs. According to the participant

[21] আমার মূল ইয়ে ছিল যে আমার বাবা সব সময় এরকম করে, মানে বাবার প্রতি একটা অনেকদিন আগে থেকে রাগ, যে রাগটা ঐ সময় খুব প্রমিনেন্ট ছিল। ঐ রাগটা, বাবা সব সময় এরকম করে, বাবার জন্য আমার জীবনের এই অবস্থা ইত্যাদি ইত্যাদি। তো আবার ও এরকম করল। তো কোনদিন লাভ নেই। কখনও কোন কিছু করে বাবার জন্য।

[22] ঐ যে কইলাম. নিজের কিরম যেন লাগে। নিজেরে নিজে কইতে পারি না, ঐ কইলাম একা একা বইসা থাকি ঘরের ভিতরে, খাওয়া দাওয়া বন্ধ কইরা দিই, মনে করেন কারো সাথে কথা বলি না, একলা একলা কান্ধি, ঐ কইলাম নিজের উপরে নিজের জিদ উঠে, আমার সয়না, কোন কথা সয়না।

"... All pain is for my hand."[23]*(P-6)*

"Being the prisoner of temperament, I was difficult temperament girl from my childhood."[24]*(P-6)*

As there is a self-harming tendency they had a wish to heart ownselself and finally attempt suicide.

One of the participants went for suicide with her children. Her logic was that If I commited suicide, then where my children would go. So she attempt suicide with her children.

It was also found that most of the participants (5/8) were overwhelmed by Physical Labour. They had to do very hard work for family menbers. Not only that they were physically hurtened. After physical assault they never got any care or medicine. With that physical condition they had to do their household duties. Then their sufferings became beyond description. It might be responsible for vulnerable self and made the participant more vulanarable to suicide attempts.

4.1.1.2 Blind-Self

It is the self with lacking in vision and without sight. The individual found no hope or dream for for future. It is elucidated by the following verbatim:

"Then I felt my life like...I did not have any hope of future, I did not have any dream."[25]

Blind-self is composed of *narrow vision* and *Impuls* which might lead to suicide attempt.

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[23] হ্যাতের লাইগাই তো সব কষ্ট।

[24] তখন আমি মনটারে, মন কয়, নিজের শইল্যের জিদ নিজেই মিটাই, জিদ্দে লাগালাগি কইরা, বাপমার লগে লাগালাগি কইরা জিদ দেখাইয়া খাওয়া লওয়া বন্ধ কইরা দেই। না হলে মনে করেন নিজের ঘরে বইসা থাকি। মনে করেন নিজের উপরে নিজের জিদ উঠে।

[25] তখন এইটাস লাইফের প্রতি একটা ইয়ে, ফিউচার সম্পর্কে কোন আশা ছিল না, সে ড্রিম ছিল না

4.1.1.2.1 Narrow Vision

Narrow vision is indicated by reduced or one directional option taken by suicide attempters which is expressed in a number of self monologues containing hints of immediate instrumental behavior.

"Then I decided that I attempted in this situation…I ran to Kitchen and saw that there was Kerosine. And I decided that I would drink Kerosine" [26]*(P-1)*

"When he (husband) got out of home I closed the door and hanged myself…"[27]*(P-3)*

"Then I had desire to hang myself"[28]*(P-4)*

"Then I decided to kill myself slowly" [29]*(P-5)*

"…Gone to die myself….If I hanged, died then nobody would discuss this matter, nobody would say anything...."[30] P-6.

"*That time I thought I should kill myself. …I went for hanging. If my sister did not come then it might be twenty to thirty days left before my death"*[31]*.(p-6)*

"I wanted to die. I did not want to see this world again"[32] *P-7* and

"I thought to kill myself by taking insecticide…I have brought insecticides from market"[33] *(P-8).*

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[26] যা তখন আমি চিন্ড়া করলাম যে আমি আজকের পাহারা দেওয়া সবস্থাতেই যাব..... একদৌড়ে গিয়ে কিচেন ঘাট করলাম, সার্চ দেখলাম যে বুঝা যায় যে কেরোসিন বা আছে। উপরের ইটেতে প্রথমবার আমি এটা দেখলাম কোন আসলাম। দেখে আসলাম এসে সিদ্ধান্ড় নিলাম যে আমি সিদ্ধান্ড় নিলাম যে কেরোসিন যাব।

[27] বাইর হইয়া যাওয়ার পর আমি আবার করছি কি দরজাটা ভিড়াইছি ভিড়ায়া গলার মধ্যে ফাঁসি দিতে গেছি।

[28] তখন আমার ইচ্ছা হইছে, নিজের গলায় দড়ি দিয়া ফাসি দিমু।

[29] তো তখন আমি মানাইছি নিজে নিজেরে জিল তিলে শেষ করব।

[30] হেইসময় মনে হইছে নিজে নিজে মইরা যাই।.....ফাঁসি দিলে মরে গেলে এই কথাগুলো-এইটি আর কেউ আনাবিনা(discuss) করত না, কেউ কিছু কইত না,বুঝেন না।

[31] হেইসময় মনে হইছে নিজে নিজে মইরা যাই। কইলাম না যে নিজে ফাঁসি দিতে গেছি।আমারে শুধু যদি বোন না হইত তাইলে আজকে আমার বিশ ত্রিশ দিন ভিতর হইত মারা যাওয়ার।

[32] আমি যেন মরে যাই। এই পৃথিবী যেন আমি দেখতে না পাই।

[33] আমি বিষ খেয়ে জীবন দেব..... বাজার থেকে আমি বিষ কিনা আনছি।

4.1.1.2.2 Terminal Impulse

Terminal Impulse is indicated by suicidal act triggered by instigating event and occurred with short latency and with little or no conscious control. It includes sudden incitement to act: i.e. the internal state initiates the action. Terminal Impulse is elucidated by the following verbatims:

"I was in hurry, as mother could come out of bathroom at any moment, and I did not think about it twice. I swallowed it."[34] *(P-1)*

" The door was closed, not locked, as I was unconscious."[35] *(P-3)*

"My mind felt like having hot burning fire in my head, the whole body got unstable and I became mad"[36]*(P-4).*

"I had no preplan to do that….after the incident my mind was blocked of tension. My brain was hanged"[37]*(P-6).*

4.1.2 Social Factors

Social factors incompases five broad themes: pathological family, detrimental relationships, uneven upbringing, obstructive community and instigating event. The schematic diagram of social factors can be presented as bellow:

[34] আমি খুব তাড়াতাড়ি যেহেতু আমার মা বাথর ম থেকে যেকোন মুহুতে বের হয়ে আসতে পারে, তো যাতে নিয়ে মানে একবার নেয়ার পর এটা নিয়ে আবড় চিন্ড্র করি নাই, আমি এটা খেয়ে ফেলছি ।

[35] দরজা এমনি ভিড়ানো ছিল। লাগাই নাই আর কি। হুস ছিল না তো ।

[36] আমার মাথা তখন স্থির ছিল না। মাথা দিয়ে আগুন যায় হইছিল। সমস্ড় গরীব গরমে কেমন অস্থির হয়ে গিয়েছিঃলাম। পাগলের মত।

[37] তখন মাথার ভিতরে ,চিন্তা ও আমি খেয়াল ও আছিল না,কোন উদ্দেশ্যও আছিলনা, তারপরে আমি নানান ধরনের চিন্তায় মনে করেন, আমার মাথা আউট হইয়া গেছিল গা।

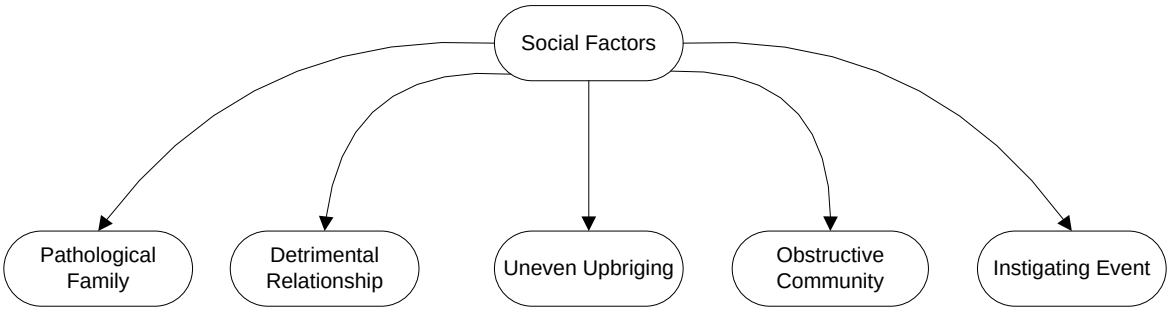

Figure 4.3: Social Factors Asssocited with Suicide Attempts

4.1.2.1 Pathological Family

There were many factors in family which were closely related with suicide attempt. It is termed as *pathological family*. This incorporates critical husband/wife, unsupportive in-laws, negative parental aspects, and childrens' history of suicide attempt and asked to die by children. Many of the sub-themes again incorporate sub-sub-themes. These are described bellow:

4.1.2.1.1 Critical Husband/ Wife

In intimate relationship there were many negative aspects. It is termed as critical *husband/wife*. These were closely related with suicide attempts. These factors were physical abuse, verbal abuse, devoid of peace, remarriage of husband, extramarital relationship of husband, history of divorce or threat for divorce, history of husband's substance abuse and lack of freedom.

***Physical Abuse*.** The entire married female participants had the history of *physical abuse* by their husband. As they would get pain in their whole body, it was intolerable for them. The physical abuse incorporates hitting, punching, pushing. Even they were not provided any care like medicine or pain killer. With that physical condition they had to do their household duties. Then their sufferings became beyond description. They were restricted to go their mother's house. The participant eight said that her husband returned home at midnight and beated her which would make her senseless. Once she was admitted in hospital for six days. She narrated as the following:

"Because of hitting, punching I was admitted in hospital for six days….My husband scolded me in front of my son, told that my sister is a prostitute, I am prostitute. I rape your mother! He used to beat me regularly. If I had fault I could accept."[38] *(P-8)*

"I was beaten by all of them."[39]*(P-8)*

She felt that she was finished and though herself in a much degraded position.She was tortured so profoundly there was no empty space but the sign of torture. In her painful reflection,

"He(husband) tortured one by one.There is no place in my body without hurt."[40]*(P-8)*

She also said,

"Too much agony, physical agony and mental agony."[41]*(P-8)*

These severe pains made the participants vulnerable towards suicide.

Verbal abuse. Most of the participant were blamed, criticized and scolded in very slang words/rubbish language. They were scolded for no reason. Most of them were also scolded for their parents' faults. It is termed as *verbal abuse*.``

For example the participant six was told that she was responsible for being gang raped and for bad reputation. They also blamed that she left home with her boyfriend. She said,

"My aunt thought that I flew away with my lover."[42]*(P-6)*

Other people also talked about her. In her own word,

"Others came to me and asked again rubbish, irrelevant thing."[43]*(P-6)*

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[38] লাথি, ঘুসি, ৬ দিন হাসপাতালে ভর্তি।.... আমার বোন একটা বেশ্যা, আমি একটা বেশ্যা-- ছেলের সামনে .....খানকি, বেশ্যা তোর মায়েরে চুদি.....ডেইলী দিন মারে । মারছে দোষ যদি থাকতো আপা।

[39] দেওরে শ্বশুরে সবাই মিইলা আমারে মারছে। আমার আপন বলতে কেউ ছিল না।

[40] এই একটার পর একটা টর্চার করতেছ, এই যে এখানে ইসে আছেই শরীরে সারা শরীরে আমার বাদ নাই।

[41] ভীষণ কষ্ট, শারীরিক কষ্ট, মানসিক কষ্ট।

[42] খালারা মনে করছে আমি হের লগে আমি পালাইয়া গেছি।

[43] তারপর আবার যখন সবাই আইছে,আহার পর আমারে আবোল তাবোল জিগাইছে।

They also faced slang words. She was scolded in slang language, very bad language. In her voice,

"He was laughing and scolding me in slang language."[44]*(P-8)*

The entire married participants (5/5) were also very unhappy in their conjugal life. There were quarrel in home without any reason. According to participant eighth,

"Always I was scolded, in sitting, walking, sleeping in very step!"[45]*(P-8)*

At one point of quarrel the participant three was told by her husband,

"Go to hell."[46]*(P-3)*

After telling that her husband went outside of home and the participant hanged herself.

"He *used as much slang as he could. At last, I could not find any other way to cool him dawn but supported him"*[47]*(P-7)*

These painful events made the person vulnerable toward suicide attempt.

Emotional Abuse.The entire married female participants were restricted to go their parent's house, mix with others. They were also teased for their initiatives taking legal steps and praying to Allah for living in peace. They were teased by their beloved husband. It is termed as *emotional abuse*. According to the participant four, her husband teased her as follows:

"Why are you praying? For the divorce of the next wife? Your prayer will not be granted (the participane was crying).I will kill you slowly…"[48]*(P-4)*

[44] হাসতেছে হাবিজাবি কথা বলতেছে, নোংরা কথা বলতেছে।

[45] সব সময় দুখঃ দিয়ে কথা বলে, উঠতে বসতে শুইতে যেতেও আমারে কথা দিয়ে..

[46] পরে কয় যে তুই মরলে মরগা। এইটা কইয়া বাইর হয়া গেছে।

[47] এইটা কইয়া বাইর হয়া গেছে। বাইর হইয়া যাওয়ার পর আমি আবার করছি কি দরজাটা ভিড়াইছি ভিড়ায়া গলার মধ্যে ফাঁসি দিতে গেছি।

Most of them were badly behaved by their husbands (5/8). In one of the cases her father was charaterless. For that reason she was teased by her husband. In her voice,

"At *first he started to tease about my parents' charatecter. Because their character was not good enough. At the time of quarrel, he teased me for that. I also told that your mother also was not of of good character. Howevwe everything were being destroyed day by day*."[49](P-7)

All these suffering made the participant vulnerable to suicide attempt.

Remarriage of Husband. There were history of remarriage and extra marital relationship of their husband of female married participants. They had to tolerate physical and verbal abuse for the permission of second or third marriage of their husband. According to them it was most painful for women to see co-wife of their husband. They could tolerate anything without co-wife. It made them to feel neglected and ignored. For example in the case of the fourth participant her husband got married for three times. Before the second marriage her husband hanged her to take the permission of marriage. At that time she was near about to die. To save her life the participant gave the permission. But this was intolerable for the participant. It was most painful for her. She said,

"I will tolerate everything with out co-wife. I can't share with co-wife."[50]*(P-4)*

It might be an important factor leading to suicide. It might make the person vulnerable to suicide attempt.

Extramarital Relationship, Divorce or Threat for Divorce. It was found that most of the cases there was history of divorce, threat for divorce by their husband among the participant who attempted suicide. All married participant had fallen into this category. There

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[48] নামায পড়ি কেন? .....বউটা ছইড়া দিবার জন্য দোয়া করিম এই দোয়া কবুল হবে না (কান্না) তোরে দুখে দুখে তিলে তিলে শেষ করমু।

[49] এই বাবা-মার ক্যারেক্টার নিয়েই শুরু করছে সে প্রথম। কারণ দুজনের ক্যারেক্টার ও ভালো ছিল না।.. ঝগড়া লাগলে হয়ত সেও আমাকে খোঁটা দিত, আমি বলতাম যে, তোমার মাও তো এরকম করে বেড়াত এ আবার কি উল্টা ইসে করব। এই সমস্ত নিয়া আস্তে আস্তে জিনিসগুলো বৃদ্ধি পাইল।

[50] যত কষ্ট সব কষ্ট মাইনা নিতে পারতাম কিন্তু মতীনের ভাত খামু না।

were threat for divorce and husband's second marriage. The fourth participant's husband had premarital relationship and the participant was left up by her husband. This made her black. Neither she could not tolerate that nor was express. In the fourth case, her husbnd was characterless. The participant said,

"Besides this he had relation with thousands of women. If you saw his mobile then you can see what type of man he is!"[51]*(P-4)*

In one case the participant took separation. Even she sent divorce letter when she could not tolerate the sufferings. The participant sent a divorce letter to her husband did not accept it. When she sent him the divorce letter her husband scolded the lawyer and authoritative people. As a result they were angry with the participant as they were scolded for her. Her husband did not leave her but he did not live with in peace. This made them feeling abandoned and runed. The situation made the participants more vulnerable to attempt suicide.

Poverty.Most of the participants (5/8) came from poor family. Poverty is indicated by their verbatims. They could not meet up their basic needs e.g., food, education, treatment etc. There was hunger. Also they were not allowed by their partner to go outside for income. Even in the home they were not permitted to take tuitions. In fourth participant's voice,

"I do tutionee by distingguish; he (husband) did not give the expenditure for children"[52]*(P-4)*

In one case, the participant's husband was unemployed. He demanded money from his wife. The participant had to do all household duties of their family because of husband's incapability of earning money. In another case the participant was pregnant. In her words,

[51] আরও ২টা বিয়ে.....আরও কত হাজার হাজার নারী তার কোন শেষ নেই। মোবাইলটা দেখলে বুঝতে পারতেন এই পুরুষটা কেমন।

[52] চুরি চুরি কইয়া হাত খরচের জন্য ২/১ টিউশনি রাখি, ছেলে মেয়ের খরচ ঠিকমত দেয় না।

"At that time I was pregnant. My son was in my womb. I was without food for three days. Husband do not care me. He (husband) was not at home. I was like a deadbody. Then pushed me and said, get up…give me food. Then I replied that how can I provide you food. I did not eat for three days…..then he started to beat me. He (husband) threw a pice of wood and the wood touched another person and he kicked in my belly. I was senseless….."[53]*(P-3)*

Their husband could not bear the expenditures of family members. There was scarcity of food. One participant was pregnant at the time of attempting suicide, in another case the participant was a lactating mother. In these two special cases they needed supplementary food but they were depriving of their daily need for eating/hunger. In that circumstances when they were asked for food they could not stay cool. So there were burdening and of course there were bad situation for tolerance.

History of Substance Abuse by Husband. Most of the cases, there were a history of substance abuse by their partner. It added sufferings in their family economically as well as physically and psychologically. In one of the cases, for addiction of drugs husband said that his wife had physical relation with her son. And for that reason her husband pushed knife in her belly. Because of addiction husband used to beat her like an animal. He also had extra demand for money. So he pressurized his wife for money.

According to the seventh participant her husband was a substance abuser. Many types of substances he used to take regularly. After taking Yabba he pushed a knife in his wifes belly suspecting that she had illegal relationship with her son. In her voice,

[53] তখন আমার গর্ভাবস্থা। আমার ছেলেটা পেটেছিল। আমি আজকে ৩ দিন না খেয়ে আছি। খোজ খবর নেয় না। সেও ছিল না। ৩ দিন পর এসে দেখে ঘরে ভাত নাই। আমি লাশের মতোন পড়ে আছি। তারপরে আমারে বলতেছে হাত ধরে টাইনা ওঠায় বলতেছে ওঠ। আমি উঠলাম। উঠারপর বলে যে, ভাত দে। তা আমি বলি যে, ভাত কোথেকে দেব। আমি তো আজকে ৩ দিন খাই না। এ কথা বইলাই আমারে খুব মাইর ধইর করছে মাইর শুর" করল। একটা কাঠ ফিইক্কা মারল আমার পেটের মধ্যে। ফিইক্কা মারার পর তারপরে এই কাঠটা আর একজনের শরীরে পড়ছে আর আমার পেটে একটা লাথি দিছে। আমি অজ্ঞান হয়ে গেছি।

"He pushed knife in my belly suspecting that I had extramarital relation with my son."[54]*(P-7)*

She had to be admitted in hospital. Even he had beaten her in her eyes many times. When he(husband) took substances he made noises, beaten severely . He was in jail for some tdays. In her voice,

"He was drinking in the room, laughing and saying dirty words."[55]*(P-7)*

This factor might increase the vulnaribity of suicide attempt.

***Lack of Freedom*.** Most of the cases it was seen a strong violation of human rights. They could not go out of room. They had lack of freedom, had to struggle for freedom and rights, but could not win. They had to maintain their job in hardship. Once the participant four was so sick because of physical assault that she could not sit down from lying for one week. Then she had to resing the job. She said,

"If I would be absent one or two or three day's automaticaaly I might be discarded. In the same way I have passed one month. For beat I could not go to office for one week. I could not stand up. Then I had to resign the job."[56]*(P-4)*

But the interesting thing was that she was also tortured when there was late to get her result of job interview. At that time she became silent and wordless.

"Everything even in physical assault I accept it silently."[57]*(P-4)*

It is termed as *lack of freedom*. It made the participant more hopeless and frustrated toward life.

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[54] আমার ছেলের সাথে আমার অবৈধ সম্পর্ক আছে বলে আমাকে একবার পেটে ছুরি ঢুকাই দিছিল।

[55] ও ঘরে বসে নেশা করতেছে। হাসতেছে হাবিজাবি কথা বলতেছে, নোংরা কথা বলতেছে।

[56] ১/২/৩ দিন বন্ধ হইতে তো আমার চাকরি থেকো বাদ দিব। এমন ভাবে জ্জ মাস আগে কষ্ট করে করলাম। মারধর খাইয়াতে তখন আমি এক সপ্তাহ সোয়অ থেকে উঠতে পারি নাই। তখন বাধ্য হইয়া দরখাস্ড় দিয়া করব না চাকরি কইয়া থাতাত হইছে।

[57] তারপর নীরব ভাবে ব ইসা রইছি। যাক যা খুশি তা কর্ক... .. মারধর খাইয়া রইলাম।

4.1.2.1.2 Unsupportive In-laws

Most of the female married participants were emotional, verbal as well as physical abuse by their in-laws. It is termed as unsupportive in-laws. They were scolded, ignored, neglected by them. They were also scolded by their in-laws in very dirty language. In-laws were very cruel to them. One participant was attempted murdered by her mother -in-laws. She was supposed to die. Her in-laws said that if she died they did not have any loss. Moreover they could make their son married again as they felt worthless. Mother in laws also ignore or gave less importance for that reason. The burden became heavier when the participant ruminate the reasons for her stage in her in laws family. As a consequence they had strong motivation to die. Participant seven said,

"My death is for his (husband's) relatives."[58]*(P-7)*

These indicate that the participants' suicide attempt was might be intigated by her in-laws.

4.1.2.1.3 Negative Parental Aspects

In two cases negative parental aspects were more prominent to the participants. It includes authoritative parenting, over protective caregiver, lack of recognition, nagging, discrimination among siblings, rejected and misunderstood by parent and parental discord. These entire factors had a signifiacant relation with suicide attempts.

Authoritative parenting, over protective caregiver. Parents did not give them opportunity to take decision. For example, in college admission the father of participant one decided to admit him in a restricted college. But the participant was not agreeing with his father because of the discipline of that college and the distance and journey of the way. But his father did not listen to him. In his words,

"We always had to obey his (father) own decision. For that reason I have suffered a lot from my childhood.[59]*" (P-1)*

[58] এর আত্মীয় স্বজনের জন্য আমার মরণ।

"But he did not step out from his decision."[60]*(P-1)*

And the participant decided to stop his study.

In his childhood he was guided by his uncle who was very rough and authoritative. But when his uncle actually became a father he behaved politely with his children. That made him depressed because when he became a father he was very polite, very permissive but his parent were not like that type. In his childhood if he wanted to express his pain and sufferings, his mother stopped him saying that he was senior to him and he had no error. So he was forbidden to complain anything againnst his uncle. It is termed as *authoritative parenting, overprotective caregiver.*

According to the participant,

"He was a senior; he had no error, never told like that."[61]*(P-1)*

These silly events had a great impact on negativity toward life and others.

***Lack of Recognition*.** The parent did not give recognition for success. Moreover, they minimize the glory. For example in the case of first participant, he studied in English medium. After that he was transferred to Bangla medium in class ten and there was far difference in curriculum between those two medium. Bangla medium was more advance in syllabus than that of English medium. It was very difficult for him to adjust in Bangla medium. He had no private tutor to support him and that was the year of scholarship. Subsequently he tried to be admitted in a government school. The rule was that the students were able to get admitted different good school according to their merit. There was also some division in admission test. He tried his best and stood first among all the divisions. His mother wanted to give him credit for that but his father did not do so. In his voice,

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[59] উনি ওনার সিদ্ধান্ত, নিজে যা মনে করেন তাই উনি আমাদের উপর চাপায় দেওয়ায় চেষ্টা করেছেন এবং সেজন্য আমি পারসোনালি অনেক ক্ষতিগ্রস্থ হয়েছি, ছোটবেলা থেকে।

[60] বাট উনিও ওনার ডিসিশন থেকে সরে আসলেন না।

[61] বড়মানুষ যারা তাদের কখনো ভুল নেই। ছোটদের .....এটা কখনো কথা বলা যাবে না, তাদের কোন ভুল আছে

"*Afterwards father said that I stood first because of the back ground of English medium, I did not read as much as I could get such result*." [62](P-1)

When he heard that he became disheartened that he would never continue his education. It is termed as *lack of recognition.* It was true that he did not study seriously after class eight to class ten. These lead to inattention in study which was followed by failure in education and frustration and negativity towards life, significant others and future which was strongly connected with his suicide attempt.

Nagging. There were negligence and emotional black mailing by their parents. There were also *nagging*, the participants were scolded for their childhood behaviors. It made them very hurt and sad. According to the participant,

"The main triggering point was in my cousin's marriage I was not invited. My mother thought that they cut off my name intentionally…as I am not so valuable. At that moment for that reason my mother wanted to protest that in party but I was not agreed with my mother….My mother also told that from my childhood I was not attentive to her advice, I was disobedient. Then my mother told me that always I behaved like that, I was so brilliant but not admitted in university, always I finished my life in my own wish, she was suffered to obey my demand/ word etc. not only that she(mother) started to crying, behaved like a child, shouted with slang language and blamed me. ..She was not said something to do that. She was violent. It was like an emotional blackmailing for me, I could not tolerate that…"[63]*(P-1)*

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[62] তখন আমার আব্বু, বলল যে ও যে রেজাল্ট করছে যেটা ইংলিশ মিডিয়ামে যেটা পড়ে আসছে যেমন, রেজাল্ট ও করতে পারছে। এখন এ বছরে এমন কিছু ও পড়ে নাই যেটার জন্য যে এই রেজাল্টটা আ আম মানে করতে পারে।

[63] মূল ঘটনাটি যেটা ট্রিগা করেছিল আমার এক থালায় থালায় না মানে। মানে আমার মায়ের থালা তো ভাইয়ের বিয়ের ইয়ে যেখানে অভ্যর্থনায় আমাদের সবার নামের মধ্যে আমার নাম বাদ পড়ে গিয়েছিল আর কি। তখন আমার আম্মুর ধারনা হল যে ইচ্ছে করে আমার নাম বাদ দেয়া হয়েছে কি কর্জ আমি এখন জানাশুনা বাদ দিয়ে দিয়েছি। সো আমার এখন আর অতটা ভ্যালু কাছে না ফ্যামিলি মেম্বাররা, তো এজন্য তিনি বিয়ে যাবেন, বিয়ে গিয়ে তিনি এটা সবাইকে বললেন। তো আমি এটা আপত্তি করলাম আপত্তি করতে আমার উভয়ই আউট স্টটা হলো যে তোমার জন্য এ রকম তুমি এত মেধাবী ছেলে জরদার এ তুমি ময়না তুমি নিজের ইচ্ছামত চল। এখন আবার তুমি আমাকে কোন কাজ ও করতে হয়েছে। দাও না তোমার কথা শুনে আমার দোষ হয়েছে মাঝে এই টাইপের কথাবার্তা আরদি। ...ৎ-াং হউজ করা অভিযুক্ত করা, আ আ আমি এটাকে বলব ইমোশনান ব্ল্যাক মেইলিং একজন মানুষ যদি চিৎকার করতে অথবা কাঁদতে ফার্দে। যখন তাকে এধরনের কিছু বলা হয়নি অথবা কাদার মত

In any mistake in life the participant also remembered his childhood's failure. That was very blaming and painful for him. This shows a relationship with suicide attempt.

Discrimination among the Siblings. In childhood, one participant was *discriminated among siblings.* There was a feeling that all valuable and honorable duties were done by his sibling but he was called for laborious jobs. According to him,

"In my childhood the severe pain was, in all thing my elder brother was important he was sent everywhere here (elder brother) will go.Grandfathers home (elder brother) will go.. In marriage ceremony (elder brother) will go first… but in hospital duty I(participant) will go. I(participant) may be born for the duty of hospital. That means the all household work I will do."[64]*(P-5)*

That produced the feeling in him that if he was an unwanted child? The participant sad that,

"The first son was wanted to you. You did not want me, I was born accidently."[65]*(P-5)*

It made them very sad and resentment towards the parents. As the participant was introvert and passive they expressed it by self-harm.

Being Rejected and Misunderstood. In fifth case, the participant was discriminated in his family; he was blamed where he was not responsible. He neither expressed nor tolerated that. His entire family member badly behaved with him. So he thought that he would not take his diabetic medicine, food etc. He was suffering very much. To express his feeling he said,

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কোন কথা বলা হয়নি ওখন যেটা এক বিনের ইমোশনাল ব্ল্যাক মেইলিং হয়ে যায়। তো এই ব-াক মেইনং আর অভিযুক্ত করা / আমার কোন কথাই বলতে না দেয় এখন মানে যদি ব্যাপারটাকে ইয়ে করা দেয়া হয়। তো খুব চাইন্ডিশনি বিয়েকট করা .. .. ঐ সময় ঐটা খুব ইয়ে লেগেছিল যেটা আমি সহ্য করতে পারছিলাম না।

[64] ছোটবেলার সবচেয়ে বেশি কষ্ট দিত। সবকিছুতে বড় ভাইকে প্রাধান্য দেওয়া হইত। ও এটাতে ..(বড় ভাই) যাক, ওঠাতে ..(বড় ভাই) যাক, এ্যা দাদাবাড়িতে ..(বড় ভাই) যাক, বিয়ের অনুষ্ঠানে ..(বড় ভাই) আগে চইলা যাক, এখানেও ..(বড় ভাই) আগে চইলা যাক। হু এখানে ..(P5) মনে হয় পয়দা হয়ে হাসপাতালে ডিউটি দিতেছে। মানে যেসব কাজে বড়রে দিত আর আমারে দিত না, আমারে দিত এমন সব জনি কাজের ভিতর আর যত মজা.....

[65] .....প্রথম ছেলের তো নিছ ইচ্ছা কইরা, দরকার ছিল। আমি মনে হয় ভুলে আইসা গেছি দুনিয়াতে। আমারে নিতে চাও নাই, accidently আমি পয়দা হয়ে গেছি। আমি এরকম কথা বলতাম।

"Any other person in my position would hit other people on the head."[66]*(P-5)*

He was hopeless that he could not face it. In his word,

"I could not face it. In that condition I was so frustrated, so hopeless, helpless that I wanted to stay alone. I told my family member that they only provide me money, hand expenditure. I stopped communicating with them. Then the precipitating event was come out, my mother's red letter came to me."

He also added,

"When I stopped communication with them, stop talking, when I said them only relation with you is for money, you send only my hand pocket money. I have no relation with you without this. When they knew this, I did not go for Eid, and then wrote such a letter."[67]*(P-5)*

His mother's letter hurt him very much. He said,

"It hurts me very much."(P-5)

He was so shocked that many years had passed but he took it in his money bag. His mother wrote that he was very bad. Such women like his wife could not stay with him. So no woman would be able to live with him. She wrote this letter in red pen. Which meant that it was very important as well as it was a bad or warning sign. In his word,

"… When the letter came I felt very bad. It was written in red pen…such a woman couldn not live with you. No one can live with you. You are very bad….. Son like you I have no need. It is better that I have no need of a son like you. You will never call me mother. Even

[66] আমার জায়গায় যে কেউ হলে Suicide করার তো attempt তো কয়েকবার নিত নিত আরো অনেক কিছু করত। কারো মাথায় বাড়ি দিয়ে ফাটায়েও দিতে পারত।

[67] আম্মু চিঠিটা লেখছে হইতেছে ধরেন বাসায় থেকে। উনি আরমানিটোলা থাকত। আ্যা আমি যখন মানে কোন যোগাযোগ করা বন্ধ করে দেই, কথা বলি না, আমি যখন বলি যে আমার আমার সাথে তোমাদের শুধু হল আমার টাকার সম্পর্ক, আমার খাওয়া-দাওয়া আর আমার হাত-খরচের টাকা দিবা। আমার তোমাদের সাথে এছাড়া কোন সম্পর্ক নাই। এ ধরনের কথাবার্তা যখন জানতে পারে, ঈদেও যাই না, তখন ঐরকম চিঠিটা লেখে।

in my death you will not come to me….when these were happening…I had…severe pain, can you understand? Neither I could defense nor tolerate"[68]*. (P-5)*

Neither he can protest these nor tolerate. This was so painful for him that he wanted to go away from the earth. These might make him to attempt suicide.

Parental Discord. There were quarrel and conflict in parental relationships. In any unexpected situation one parent blame the other for child's failure or misbehaviour. It is termed as *parental discord*. For example, in participant one, there was crisis in family. His parents, especially his mother had to struggle a lot in her life. There were quarrels mostly between parents. For example, the participant said,

"There were frequent quarrel between my parents"[69]*(P-1).*

His father blamed his mother for the failure of the children. There was much evidence for that.

"He (father) always blamed my mother. He said that, I have told you that your son will not be like a proper human being"[70](P-1).

At any incident he said in that way and it was very painful for him. After all he was very frustrated and was in a bad mood about his family matter, specially his father's behaviors.

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[68]চিঠিটা ভীষনভাবে আমাকে মানে, আঘাত, সাংঘাতিকভাবে আঘাত করে মানে আমি আপনাকে চিঠিটা দেখাইতে পারি। আমার মানিব্যাগ রাখা আছে, কিন্তু রাখছি এই কারনে কারন যখন চিঠিটা পাঠাইছিল, আমার কাছে খুব খারাপ লাগছিল যে এরকম ছিল লেখাটা, লাল কালির কলম দিয়ে লেখছিল যে "তোর মত জনিমার মত মেয়ে তোর সাথে তোর মত ছেলের সাথে সংসার করতে পারল না, তোর সাথে কেউ জীবনে সংসার করতে পারবে না, তুই অনেক খারাপ, হ্যান-ত্যান অনেক কিছু লেখছিল। তোর মত ছেলে থাকা না-থাকা এক সমানতলি। না থাকলে ভালো, তোর মত ছেলে আমার দরকার নাই। তুই আমারে কোনদিন মা কইলা াপবি না, আমি মারা গেলেও কোনদিন আমার কাছে আসবি না। এগুলা জিনিস যখন .. ঐ সময়টাতেই ছিল। খুব সাংঘাতিক Pain ছিল এটা বুঝছেন? মানে Defense তো করতেই পারতেছি না বা হুজম করতে পারতেছিলাম না,

[69] বাবা মার সাথে প্রায়ই ঝগড়া ঝাটি হতো।

[70] উনি এই কথাটা সব সময় কোন কিছু হলেই সবসময় কোন কিছু হলেই সবময় উনি মাকে এই কথা বলে এসেছেন যে, এজন্যই তোমার আগেই বলছিলাম, এজন্যই তোমার ছেলে মানুষ হবে না। এ ধরনের কথা। টোন করা। এই জিনিসগুলো বলে এসেছেন এরকম প্রচুর ঘটনা আছে বাবার। এটা আমি সব চাইতে যেটা এখনও আমাকে পিড়া দেয় সেটা বললাম আরকি।

4.1.2.1.4 Children's History of Suicide Attempt

It was also revealed that little innocent children also attempt to suicide for their parental conflict as well as for their personal sufferings. The participant thought that it seemed to be better for her to die herself.The fourth participant said that her daughter had gone to attempt suicide for three times for their parental conflict. This made the participant to think about suicide attempt. In her voice,

"My daughter went to die for three times, If your children went to suicide for you, how would you feel?"[71]*(P-4)*

4.1.2.1.5 Asked to Die by Children

One participant was also disheartened by her son. When her son followed in his father's path, it was very frustrating for her. She was also scolded and blamed by her children that why did not she die. If she died he (son) would find peace and happiness. All her sufferings were for her children. She struggled a lot for them. But she heard such comments from that child made her wordless. That made her hopeless as well as frustrated. Even her older son was in her husnbands way. He also use slang language

"My son also talks with me in bad language. He(son) did not listen to me. He said kanki magi bessa magi even not die…..I wish she (the participant) would die…at that time I pray to Allah to take me. I took poison" [72]*(P-8).*

He did not listen to her mother, bad behaved with her.

"I feel too much pain that my son use such a bad language"[73]*(P-8).*

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[71] মেয়ে ৩ বার গেছে আত্মহত্যা করতে। ছেলে মেয়ে তারাও যায়, আত্মহত্যা করতে। বাবার এই অত্যাচার ৩ বার পাইয়াছি। আপনাদের জন্য আপনার সন্ড়ান যখন আত্মহত্যা করেন, তখন আমার কেমন লাগে.....মনে হয় এর চেয়ে ভাল আমিই মইরা যাই।

[72] । ছেলেও আমার সাথে খারাপ ব্যবহার করে । কথা শোনে না, বলে খানকি মাগী বেশ্যা মাগী মরেও না, মরলেও তো.....ঐ সময়ে বলতাম আল্লাহ তুমি আমারে দুনিয়া থেকে নিয়ে যাও। আমি তখন বিষ খাইতাম।

[73] আমার এত কষ্ট বড় ছেলেটা এ ভাষায় ..এরকম ভাষা করে।

She had no return. All her suffering seemed to her meaningless/ in vain. This made her depressed and hopeless.

4.1.2.2 Detrimental Relationships

Among the participants (8/8), there was a history of conflictual relationship with husband, in-laws, parents, neighbors and/or relatives. It is termed as *detrimental relationships*.For example one said,

"Relationship became bad with all"[74]*(P-7).*

There was also abuse which was physically as well as verbal and emotional by the extended family members (mother-in-law, brother-in law, father- law). They were scolded for no reason. Most of them (5/8) were also scolded for their mother and father. There was no love for her from husband's side. Sometimes the good feeling or work for husband were misunderstood, they perceived the opposite meaning which was not meant by the participant, the bad meaning. It was very painful to them. These indicate the detrimental relationship.

4.1.2.3 Uneven Upbrigging

In the developmental history, there were change in education system (from English medium to Bangla medium), failure in education, overprotective parenting, less stimulating family structure, neglect and discrimination among siblings, passive aggresive. It is termed as *uneven upbringing*.

From his childhood one participant was bad tempered, aggressive. According to him,

"They (family member) consider me as bad tempered, aggressive. As a result this happened"[75]*(P-5).*

They had bad idea about him.There is a history of impulsivity from childhood.

[74] সবার সাথে তার খারাপ রিলেশন হয়ে গেছে।

[75] বিরূপ ধারনা ছিল যে আমি বদমেজাজী, রাগী, আমার কারনেই হয়তো বা এইটা হইছে।

4.1.2.4 Obstructive Community

Many social factors might predispose to the suicide attempts. People in the community were very judgemental; they criticized others.These were also dowry, bad company, low social capital and suspision. Collectively it is termed as *obstructive community*. These probable leading factors of suicide attempts have been described below.

Critical, Judgmental, Condemnatory, Fault Finding, Blaming, Cruel Society. The surrounding environment was very bawdy. There were nagging, punching. People were very cruel. In spite of showing respect and sympathy, they criticized in others despair. The society was very judgmental. There were rules that purity of women was the main thing. If it was lost anyway, she could not show her face in the light of sun, she must die. According to the participant,

"There was proverb that many people tell many things. It seemed to me that it would be better to die".(P-6)[76]

Pressure for Dowry. Another possible factor leading to suicide was pressure for dowry. Husband and in-laws demanded dowry. The forth participant said that her husband used to beat her for dowry. In the case of second participant there was a pressure for the money of dowry.

Low social capital. Most of the participants were alienated from the society. They could not go outside of home, could not mix with others, could not talk or gossip with neighbors, relatives or friends. Could not go to jobs or mix with colleagues. There was lack of pleasure and recreation. It is called as *low social capital*. It is elucidated by the following verbatims

"My world was mother centered. My mother was the reprentative of it"[77]*(P-1).*

[76] কথায় কথায় হুনেন না, এক মাইনষে এক কথা কয়,ঠিক আছে,পাঁচ মাথায় পাঁচটা মেয়ের পাঁচ মুহের কথা এর চেয়ে মইরা যাওয়া ভালা না, আমার এরকম মনে হইছে।

In seventh participants expression,

"Now if I go anywhere they (relative) say come to us by leaveing him(husband), then we will help you… We will not help you with him (husband)."[78]*(P-7)*

This made her depressed.

Bad company. The sixth participant said that she was trapped for her close bosom friend. She was gang raped for that friend. The participant was going outside with her friend to visit relatives. But she was kidnaped. The participant came to know later that her friend was involved in that incident. It made more depressed. It is termed as *bad company*. According to the participant,

"The friend whom I believed if she (friend) did such kind of event what could I do? She was very good friend. We grew up together from childhood….she never appeared to me as enemy..."[79]*(P-6).*

It made her very shocked.

Negative Perception toward Women Empowerment. Most of the female participant were forbidden or restricted to be employed. Because they were said that the male colleague must be characterless. For that reason the second participant's mother-in-laws went to the office with her, the fourth participant had to resign the job, in case of the eighth participants she could not continue her job after marriage**.**

Suspision. For one participant before the second marriage of her husband the participant was forced to give an oath by taking the holy Quran in her head that if she went to

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[77] পৃথিবীটা আম্মু কেন্দ্রিক ছিল। আম্মু পৃথিবীটায় প্রতিটু ছিল।

[78] কারণ মানে ওর সাথে বিয়ে হওয়ার পরে ও এরকম করার কারণে যেটুকুন আমার সম্পর্ক ছিল, মুখ পরিচয়। শুরু করে সবার সাথে সে খারাপ রিলেশন হয়ে গেছে। এখন কোথাও গেলে আমায় বলে তুমি ওকে ছেড়ে তারপর আমাদের কাছে আসো। তাহলে আমরা help করবো। ও ছাড়া আমরা, ও সহকারে আমরা কেউ help করবো না। আর সবদিক দিয়ে আমি পিছাই যাই, যার কারণে আমি এমনিতে নিজে যে অবস্থা কারো help পাইনি

[79] যে বান্ধবীরে বিশ্বাস করছি হে যদি এমন একটা ঘটনা ঘটায় তাহলে তো আর হের লগে কিছু করার নাই, জীবনে মা বাবা কল্পনাও করতে পারে নাই। হেরে পেটের বইনের মতো দেখছি,ঠিক আছে।...সেই ... ,এই কামটা করছে, আমি জীবনে ভাবিনি ও এমন একটা ঘটবো বইলা।

her sweet home without his permission, she would be divorced automatically. In order to save her life after severe physical assault, she had to go to her home to come round soon. For that reason she was said that divorce was activated. Then she went to Emam to take fatoya to save her family. At that circumtances, her husband made bad comment including the Imam and the participant. She was said that she became characterless. It was so shocking for the participant that became impulsivse to attempt suicide. In her word,

"Then the situation was that jumping in the fire or jumping in the car or ateempting suicide"[80]*(P-4).*

Besides these there was dissatisfaction regarding education system. According to one participant, there were painful journey, jam, change and restricted education system. It was distressing for the participant. In the case of participant one, he studied in English medium. After that, he was transferred to Bangla medium in class ten and there was far difference in curriculum between those two medium. Bangla medium was more advance in syllabus than that of English medium. It was very difficult for him to adjust in Bangla medium.

It was elucidated that there was jam and the journey to go outside was very painful for the participant. For that reason there was disagreement with his parent's regarding admission in college. In his college admission his father decided to admit him in restricted college. But the participant was not agreed with his father because the disciplines of that college and the distance and journey of the way. According to the participant,

"The rule and regulation of … (name of the college) College was very strict. So I did not want to be admitted there. I wanted to study in a liberal way because I passed my time in strict rules since long"[81]*(P-1).*

[80] এমন অবস্থা হয় তখন আগুলে দাড়ুম, না গাড়িতে পরমু, না আত্মহত্যাই করমু

[81] যেখানে যেই ঘটনাটা যেটা যে সিটি কলেজে খুব কড়া নিয়ম কানুন আর কি। তা আমি করছিলাম এরকম নিয়মকানুনের মধ্যে যেতে না। আমি একু লিবারের ইয়েতে পড়াশুনা করত চাচ্ছিলাম বিকজ কড়া নিয়মকানুনের মধ্যে পড়ে আসছি আগে.. ।

"So what happened was that to go the …(name of the college) college was a problem because it was far away to go by bus is more easier but it is not comfortable for me. Beside these I was depressed about some other things"[82]*(P-1).*

But his father was fixed in his decision. And the participant decided to stop his study. It had a long term bad impact on his life.

4.1.2.5 Instigating Event

Instigating event is that particular incidence, happened in social and family context for each suicide attempter and which made the individual more vulnerable. The following verbatims elucidate the instigating events:

At that time was like I haddiscord with my mother on atopic, wedebated for a while and she reacted violently."[83]

"I saw that she was guarding me as I could not take any step. It made me crazy that they triggered for suicide attempt, but what does it mean by guard?"[84] (P-1).

"That day my husband had beaten me severely. At the date of 23rd (November), he wanted to kill me with knife…it was also said that if I would die they had no loss, they could get their son married again...scolded in very bad language…very slang language…then the desire to live more decreased.."[85] (P-2).

[82] তো যেটা হলো যে এবং সিটি কলেজে যাওয়া নিয়ে এক সমস্যা সিটি কলেজ বেশ দুরে। আমাদের বাসা থেকে অনেক আগে রওনা দিতে হয়। বাসে করে আসতে সুবিধা বাট বাসে চড়তে পারি না তো রিক্সা করে আসতে হতো, রিক্সা করে আসার অনেক জ্যাম ট্যাম অনেক ঝামেলা পার হতে হতো। এরক অবস্থা এছাড়াও অন্যসব বিষয় নিয়ে আমি খুব ডিপ্রেসড থাকতাম। ছিলাম।

[83] সময়টা ছিল এরকম, আমার আম্মুর সাথে একটা বিষয় নিয়ে আমার খুব উম মনে যে আ আ ঝামেলা হয়েছিল এবং উনার সাথে আমার এটা কথা কাটাকাটি হয়েছিল, এবং উনি, উম উম উনি খুব ভায়োলেন্ট রিয়েকশন করেছিলেন।

[84] দেখলাম পাহারা দিচ্ছে রাত্রে বসে যে যাতে আমি কোন রকম স্টেপ নিতে না পারি তখন আমার জিদ চলে গেল যে, হু যেটা হয় যে, এর জন্য ঘটনা সৃষ্টি করে যেটা আমাকে আত্মহত্যার জন্য ট্রিগার করে, তারপরে একরম পাহারা দেওয়ার মানে কি?

[85] আমার স্বামী, সেদিন আমাকে অনেক মেরেছিল। ২৩ তারিখে, আমাকে বটি দিয়েও মারতে চাইছে।. মরে গেলে কি হবে, তাদের তো কোন লস নাই, তারা আবার বিয়ে করাইতে পারবে,., এই ধরনের কথখাগুলো বলছিল।.. খারাপ খারাপ কথা, খুবই খারাপ খারাপ কথা। নোংরা নোংরা কথা।.. তখন বাঁচার প্রতি ইচ্ছাটা আরো চলে গেল।

"I was a lactating mother. I was very hungry. At that time my (husband) kicked me again and again. Then I told him that son of dog, divorce me. I have no need of you. Then he (husband) left out by saying go to the hell… I felt very sad, no passion of life"[86] (P-3).

"My mental condition is beyond description. The torture became beyond the limit. I should not live… I would die. I did not live independently….could not work…therefore… It would be better that I would die"[87] (P-4).

The participant five was told by his mother,

"I do not need a son like. It would be better if I had no son.. It is better that I have no need of a son like you. You will never call me mother. Even after my death, you do not need to come…when these were happening I had…severe pain."[88] (P-5).

"That day at the evening I came back home, that night I hanged…When there is bad reputation therefore no reason to live, only one way is suicide, and there is no need to consider others, it is better to kill myself…"[89] *(P-6)*

"For matrimonial issues…he (husband) used to behave like this…continuous such behaves after the marriage…for ten years…There was continuous torture. I have tried at my best but could not find any solution"[90] *(P-7).*

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[86] বাচ্চাটা বুকে টানে। আমার খুব ক্ষিধা লাগছে। তখন আমারে লার্থি মাইরা ফেলায় গেছে। আবার লার্থি মারছে। আবার মারছে। মারছে পরে আমি বলছি যে, কুত্তার বাচ্চা তুই আমারে ছাইড়া দে। তুই লাগে না। পরে কয় যে তুই মরলে মরগা। এইটা কইয়া বাইর হয়া গেছে। .....তখনকা খুব খারাপ লাগতা ছিল। তখন আমার জীবনের কোন মায়াই নাই।

[87] এমন মনমানসিকতা কি লাগে ভাষায় প্রকল্প করার মত না। মানসিকতা যে কত আমি নির্যাতিত হই আল-াহ...আমার জীবন আর রাখব না আমি কিভাবে বাচার স্বাধীন.....সুনাগরিক .....দাড়াতে পারি না, কাজ করতে পারি না...মনে হয় এর চেয়ে ভাল আমিই মইরা যাই।

[88] তোর মত ছেলে থাকা না-থাকা এক সমানতলি। না থাকলে ভালো, তোর মত ছেলে আমার দরকার নাই। তুই আমারে কোনদিন মা কইলা আকবি না, আমি মারা গেলেও কোনদিন আমার কাছে আসবি না। এগুলা জিনিস ভীষনভাবে আমাকে মানে সাংঘাতিকভাবে আঘাত করে ,

[89] আমি যেদিন দিনে (ধর্ষন) হয়,বিকেল বেলা আনছে,সেদিন রাতে ফাঁসি দিছি।.....আমার নামে যখন বদনাম বার হইছে, তাইলে আর জীবন রাইখা লাভ কি, তাইলেআর জীবন রাহনের দরকার নাই,কারো কথা শুননোর দরকার নাই, তাইলে নিজের জীবন নিজে দিয়া লাইলে ভালা না,

[90] এই আপনার পারিবারিক ব্যাপার নিয়ে। যে আমার সাথে continoue এমন করতেছে। বিয়ের পর থেকেই continoue আমার সাথে এই রকম করতেছে। পাঁচটা বছর সে দশটা বছরই সে এই রকম করতেছে... continoue এই রকম একটু রকম নির্যাতন করত। তার কোনো সুরাহাই আমি করতে পারছিলাম না সব দিকে আমি ধরাধরি করছি।

"I said good point but he (husband) did not understand me…I am boiling rice, his mother and sister-in-law was scolding me. My husband did not scold them, he beaten me... I struggled a lot for this family, for husband but he did not love me. This husband whom I did not say even not a single rude word, why he behaved like this… …I had wished to take insecticides, to kill myself…."[91] *(P-8)*

Those events created so psychological pain among the participant that they could not tolerate and at that moment whatever they found before them was the suicide attempt.

4.2 Section B: Interplay of Social and Psychological Factors Leading to Suicide Attempts

In the explanation of suicide attempt by the research particapnats it was seen that the interplay of the themes of social and psychological factors might be responsible. There was dynamic interaction. The social and the psychological factors were influenced by each other. That means negative social event had impact on person that interacted with psychological factors and the vice versa. Among the psychological factors there were interrelationships also. These negative psychological factors incorporate vulnerable-self, and blind-self. It was also seen that there was clear presence of a vulnerable self among all the participants which is comprised if ***negative self-appraisal, adverse emotions*** *and* ***deleterious behaviors***. All the participants were somehow enduring with their vulnerable selves for a long time. Infact they were struggling.

It can be assumed that social factors like pathological family, uneven upbringing, detrimental relationship, and obstructive community might be relevant with suicide attempt. Among the social factors the most important aspects were being physical, verbal and

[91] .....আমি ভাল কথা বললাম আমার কষ্ট বুঝল না..... আমি ধান ঝাড়তেছি, এর মা, এর ভাই বউ বকতেছে। আমার স্বামী ওদের কিছু বলল না ও আমারে ধইরা মারল বড় কষ্ট আমি এত দুঃখ করে স্বামীর সংসার করলাম এই স্বামী আমার ভাল বাসলনা। আমি যে স্বামীর একটা কষ্ট দিয়ে কথা বলিনা হে কেন আমার... এত কষ্ট.. ।..... আমার বিষ খাইতে মন চায়। আত্মহত্যা করতে মন চায়।

emotional abuse, remarriage, extramarital relationship, divorce or threat for divorce, poverty, substance abuse by husband, lack of freedom, and suprestions. These factors might have a significant impact on participants to form vulnerable self. And these might have a long term influence on making the participant vulnerable to suicide attempts.

For example, the first participant was forced to get admitted in a restricted college by his father. But the participant was not agreed with him (father) because the discipline of that college and the distance and journey of the way. But his father was fixed in his decision. And the participant decided to stop his study.Even from class eight to class ten he did not study seriously. It had great negative impact on the participant.

He also says,

"After hearing that, I thought that I would not study anymore. Even after class eight to class ten I did not study seriously. As aresult, I failed in my s.s.c. examination. "[92]

The social and psychological factors were in a reciprocal relationship where social factors might have a principle role in determining nature of the psychological profile of the particiapnts. Because these social factors were always present. On the otherhand the vulnerable-self might have had negative impact on the participants' social, family and personal life. The negative self apprisal incorporates strong negative thought related to suicide. For example, most of the participants have negative self appraisals like

"No way will come for my better future", "no need to live", "I am alone", "no hope for future", "alll ways are blocked", "life is very bad" etc.

The negative self apprisal along with uneven upbringing and other social factors lead to adverse emotions which seem to be directly connected with suicide attempts. This adverse

[92] এটা শোনার পর মনে হচ্ছিল যে আর পড়া করব না। ইভেন একবার ক্লাস এই টের পর থেকে আর লাইন টেনে আর সিরিয়াসলি পড়াশোনাই করিনি। তার রেজাল্ট হিসাবে আমি ইয়েতে ফেল করি। টেনের পরীক্ষায় এসএস সি পরীক্ষায় ফেল করি।....উনি ওনার সিদ্ধান্ত নিজে যা মনে করেন তাই উনি আমাদের উপর চাপায় দেওয়ায় চেষ্টা করেছেন এবং আ আ সেজন্য আমি পারসোনালি অনেক ক্ষতিগ্রস্থ হয়েছি, ছোটবেলা থেকে।

emotion incorporates profound hopelessness, helplessness, worthlessness, and feeling of condemnation, anger and resentment. For example one participant says,

"There was no way to live"[93]

"When he (father) behave like that...then resentment inside me...it seems to me all are valuless"[94]

"I felt very worthless. My life has no value"[95]

"As I was feeling bad I attemped suicide"[96]

The above negative self apprisal and adverse emotions had a behavioral part which might be related with suicide attempt. This is called as deleterious behavioral. These potential behaviors leading to suicide attempts were withdrawal (stop talking, eating, communicating, restricted in own room homicide), passive aggressive (had to give permission for husband' marriage to save life, Can't express, previous suicide attempt).

At that condition when the participants were confronted by the *instigating event* which occurred just before suicide attempt (for example physical abused by husband, people of society scolded after being gang raped, family member scolded and blamed, asked to die, treated as valueless, negative comments) the vulnerable-self turned into a *Blind-Self* which is a compostire if of *Narrow-Vision* and *Terminal-Impulse.*

It was also revealed that after the instigating event the participants collapsed themselves, as soon as the extreme negative self appraisal were activated emotions turned adverse suicidal ideations engulfed them - s/he sthen found no way except suicide. It is

[93] আমার বাঁচার কোন পথ ছিলনা

[94] যেটা উনার কাছ থেকে যখন এরকম আচরণ পাই। তখন জিদটা হয়, .. মনে হয় যে সবকিছুই অর্থহীন।

[95] নিজেকে খুব অসহায় মনে হয়। আমার জীবনের মনে হয় না যে কোন মূল্য আছে।

[96] খারাপ লাগনেই তো আমি মনে করেন ফাঁসি লইছি।

labeled as *Blind Self*. Options to live were lost from their mind. This state of the mind has been termed as *Narrow Vision*. There were severe agony and profound hopelessness.

As s/he could not think clearly and as his/her brain was hanged as well as felt urge to get relief from that pain the participants thought that they must try their best to get rid of these problems. So, self termination seemed better to them. And then there was a strong impulse of suicide. This phase is termed as *Terminal-Impulse*. The outbrust of their agony was like the following examples:

"*That time I preferred to kill myself*"[97](P-6)

"I had no way to live"[98](P-7)

"When there was bad reputation, I did not get any reason to live, only one way was suicide, and there was no need to consider others, it was better to kill myself?"[99](P-6)

"I had no preplan to do that….after the incident my mind was blocked for tension. My brain was hanged."[100](P-4)

According to the fourth participant,

"That day my husband made sex with video recording and said he (her husband) would leave it in internet and also said that he was so powerful that it was a simple matter for him.. At that time he beat in my private places with a broom if I disagreed with him in respect of interest, my mind like having hot burning fire in my head, the whole body got unstable and I became mad. After that I entered into my room and closed the door. My children were sleeping. I thought that I would finish my life. I should not continue my life. If I did not get out of room, I had no autonomy; I could not use my educational qualification, I

[97] হেইসময় মনে হইছে নিজে নিজে মইরা যাই।

[98] আমার বাঁচার কোন পথ ছিলনা ঠিকই।

[99] আমার নামে যখন বদনাম বার হইছে, তাইলে আর জীবন রাইখা লাভ কি, তাইলেআর জীবন রাহনের দরকার নাই,কারো কথা শুননোর দরকার নাই, তাইলে নিজের জীবন নিজে দিয়া লাইলে ভালা না।

[100] তখন মাথার ভিতরে ,চিন্তা ও আমি খেয়াল ও আছিল না,কোন উদ্দেশ্যও আছিলনা, তারপরে আমি নানান ধরনের চিন্তায় মনে করেন, আমার মাথা আউট হইয়া গেছিল গা।

did not have peace, I could not go out of home without their suspicion, I could not get liberty. I should not have any right to continue my life either. I became like a mad."[101]*(P-5)*

They were restless, anxious and could not think well. They found only way to suicide.At that condition the participant Attempted Suicide.

Among the eight participants four of them attempted suicide by hanging, one by taking Kerosine, one by Harpic, one eating insecticide and one by withdrawal of food, water and necessary drugs(e.g., Diabetics medicine). The following verbatim describe the method of suicide attempt taken by the participants:

"There were Kerosine in Kitchen and I drunk that, more than half of it" [102]*(P-1)*

"I drunk harpic"[103]*(P-2).*

"I went for hanging…that was the chair, I pushed down te chair and….. I was automatically hanged."[104]*(P-3).*

"When the children were slept, I tried to hanging"[105]*(P-4)*

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[101] ঐ দিন কি করছে। স্বামী-স্ত্রীর ঘটনা (শারীরিক সম্পর্ক) ----সমস্ত অঙ্গ-প্রতঙ্গ খুইলা মোবাইলে ভিডিও রেকর্ড কইরা রাখছে।.....তুই যাবি গেলে দিমু এগুলো নেটওয়ার্কে। এমনভাবে ২/৩ বার রেকর্ড করা হইছে। তার চোখমুখ বাইন্দা তার (স্বামী) শুধু চোখে দেখা যায়। যা করায় দরকার ভিডিও করছে। আমি কান্নাকাটি করছি। আমারে (আগে) হুমকি দিছে তুই যেখানেই যাস এটা ছাইড়া দিমু আমার হাতে কে আছে জানিস?... তখন আমার ইচ্ছা হইছে, নিজের গলায় দড়ি দিয়া ফাঁসি দিমু। যখন এগুলি কইরা বাথরুমে গেছে, বাচ্চা ঘুমাইছে তার আমি চেষ্টা করছি। ফাসি দিতে। তখন কান্নাকাটি অস্থির। কান্নার জন্য কিছু করতেই পারি না। আঘাত করে, হাত হাত মারে। যেভাবে করতে বলে সেভাবে না করলে। নাথি নিছে। আমার মাথা তখন স্থির ছিল না। মাথা দিয়ে আগুন যায় হইছিল। সমস্ড় গরীব গরমে কেমন অস্থির হয়ে গিয়েছিঃলাম। পাগলের মত। তখন অন্য র"মে আইসা ছিটকিনি লাগায় দিছি। বাচ্চা তখন ঘুমাইছে। ... আমার জীবন দিয়ে দিব। এ জীবন আর রাখব না। আমি যখন ঘর থেকে মুক্তি পেতে পারি না। স্বাধীনভাবে এতটুকু কষ্ট করে লেখা পরা করলাম। স্বাধীনমত ফ্রেস ভাবে চলতে পারি না। ঘর থেকে বের হলে গঠন সন্দেহজনক উপজ্ঞাপন কথা বলে। এ জীবন আর রাখব না, জীবন দিয়ে দেব। তখন পাগল মত।

[102] ..... তখন কিচেনে কেরোসিন ছিল এটা তখন খেয়েছি। আমার কেরোসিনের এখানে যতটুকু ছিল তা অধৈকের চেয়েও বেশী খেয়ে ফেলেছিলাম।

[103] হারপিক খেয়েছিলাম।

[104] আমি এইবারকা ফাসি দিতে গেছি।..... আর এই যে চেয়ার আছে না চেয়ার টানে ধাক্কা দিয়া ফালায় দিছি..... ফাঁসি লাইগা গেছে।"

[105] বাচ্চা ঘুমাইছে তারপর আমি চেষ্টা করছি, ফাঁসি দিতে।

"I had Diabetics for a long time. I am timid from childhood. And I had not courage to hurt me. So I did not attempted to kill myself directly. I did not do it directly. Indirectly I took a decision that I would not take my diabetic medicine, food…..i was inspired by watching a program on Discovery channel that if anybody do not take food for consecutive twenty one days he died. Then I was starving for consecutive twenty two days. I attempted to avoid food for consecutive twenty two days in order to die. I thought that if I could increase my diabetic level in an easy way…I heard that in Diabetics if anything is happened in the brain then there is a possibility to die. And I also thought that Allah might give me diabetics for the reason, one time will come when it will be helpful for me to take attempt. …thinking so I stopped eating..."[106]*(P-5)*

"Then I hanged myself"[107]*(P-6).*

"There were many mixed tablet in our home. I took ten to fifteen tablet"[108]*(P-7).*

"I tied the cloth with fan; enter the throat into it, there was pressure…"[109]*(P-8)*

This whole thing can be presented schematically as below.

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[106] আমার Diabetes ছিল অনেক আগে থেকেই, তো তখন আমার কাছে মনে হইছে যে, আমি যদি যেহেতু আমি একটু ভীতু স্বভাবের ছিলাম আগে থেকে, আ আমার নিজের প্রতি নিজের আঘাত করার সাহস কখনো ছিল না .....হয়তো ঐ কারনে আমি নিজের উপরে কখনো নিজের উপরে Attempt নেই নি ঐ ধরনের murder মানে আমার নিজেকে এই যে মানে..... সরাসরি করি নাই। আমি indinectly যেইটা আমি করছি সেইটা হইতেছিল আমি তখন চিন্ড্রা করছি যে, মানে সবাই যখন আমাকে এইরকম রবে, ঠিকাছে আমি হ্যাঁ Diabetes-এর ঔষুধ খাব না, আমি খাওয়া-দাওয়া ঠিকমত করব না..... এবং হ্যাঁ আমি Discovery তে একটা চ্যানেলে আমি দেখতে পারি যে ২১ দিন মানুষ যদি টানা না খায়, তে সে একটা সময় মৃত্যুবরণ করে। ২১ দিন পরে সে মানে মারা যায় এরকম একটা তো এটাও দেইখা অনেকটা inspire হইছিলাম। আমি ঐ ধরনের একটা attempt নিছিলাম, Then ২২ দিন পর্যন্ড় না খাইয়া ছিলাম, তো ঐ ২২ দিনের attempt টা actually আমি নিছিলাম যে আমি মানে আসলে বাঁচার ইচ্ছাই ছিল না। ... হালকা-পাতলার উপর দিয়ে আ আমার নিজের রোগটারে আমি বাড়ায় দিয়া যদি..., শুনছি যে Diabeter-এ কিছু হলে brain-এর মাঝে মারা যাওয়ার সম্ভবনা থাকে। যেহেতু আমারে Diabetes আল-হ দিয়েই দিছে, আমি মনে করছিলাম তখন আমার কাছে মনে হইছে, যাক, আল-হ আমারে মনে হয় এই কারনেই Diabetes টা দিছে, একটা সময় আমার এরকম আসবে তখন আমার attenpt টা নিতে সুবিধা হবে। ঐ ঐ চিন্ড্রা করেই না আমি খাওয়া-দাওয়া বন্ধ করে দিছিলাম।

[107] তারপরে মনে করেন ফাঁসি দিছি।

[108] অনেক ট্যাবলেট-ট্যাবলেট মিশানো ঔষুধ ঘরের মধ্যে থাকতো।..... ১০, ১৫টা।

[109] আমি ফ্যানের লাগে কাপড় লট কাইছিলাম। গলার মধ্যে কাপড় এমনে কইয়া লাইয়া ঝুলতে লইছিলাম। কাপড় গলায় দিছিলাম। উপরে টান লাগল না।

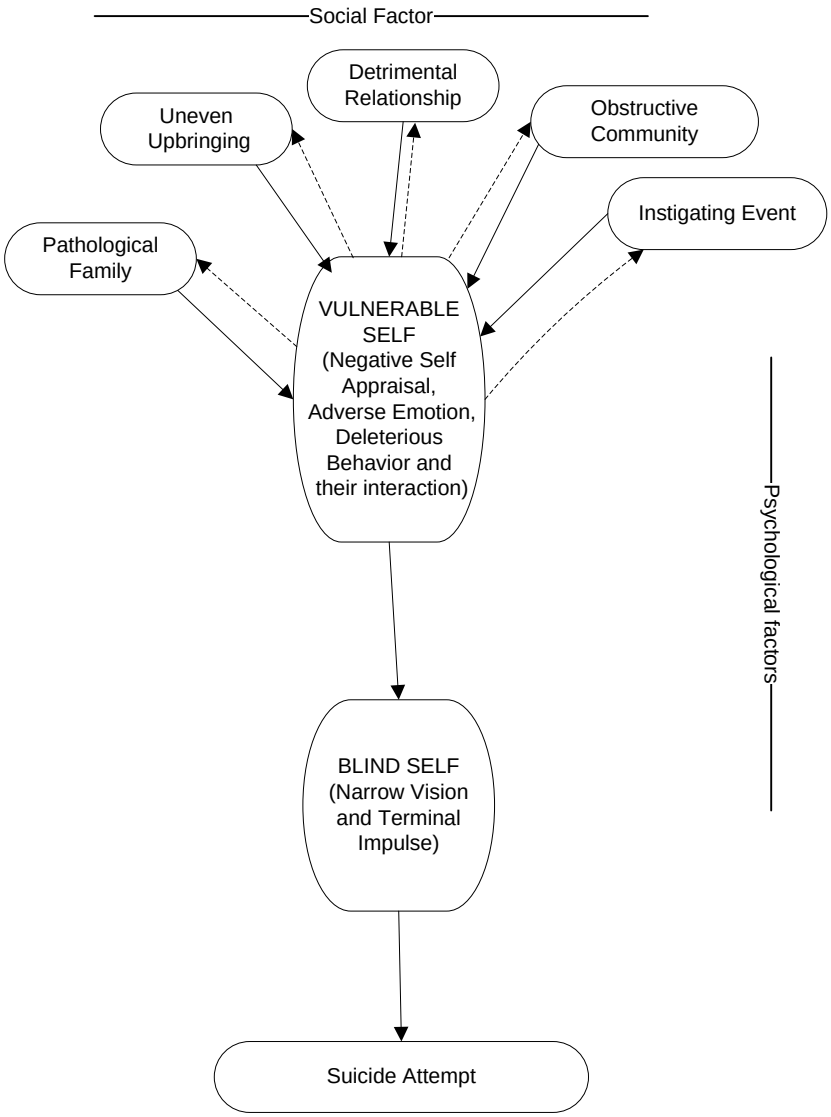

Figure 4.4: Interplay of Psychological and Social Factors Leading to Suicide Attempts

So, it this is how the interplay of psychological and social factors were responsible for suicide attempts of the research participants.

CHAPTER V

DISCUSSION

CHAPTER V

DISCUSSION

In this final chapter discussion of the main findings of this study is presented. It was found that psychological andsocial factors were associated with suicide attempts and it was also found that the interplay of these factors (psychological and social) might be responsible for the individuals' progression towards suicide attempt. Several factors were highlighted in research as the contributing factors leading to suicide attempts. These factors did not turn to suicide attempt in a chronological mode; rather they were moderately overlapping. That means multiple factors work together for a person to attempt suicide rather than a single factor playing its role. A meticulous discussion of all these factors is presented in the following sections.

It was seen in this study that many *psychological factors* might be responsible for suicide attempts which included *vulnerable self* and *blind self*. *Vulnerable self* comprised of *negative self-appraisal, adverse emotion* and *deleterious behaviors* were important. It was also seen in the study that childhood agony, struggle, continuous torture of married life may create a *vulnerable self*. There seemed to be a vacant, dull, broken self. That was full of worthlessness; there was a sense of ruined, crushed, being humiliated, rejected, neglected and tortured. There was lack of caring and adoring. There was also a feeling of sinfulness and being used. Most of them were scared about the violent activity of their husbands. It made them terrified. They were despaired. There was a full blown helplessness with feeling of being finished and nothing could be helpful. These might be made the person most vulnerable toward suicide attempts. It might be responsible for suicide attempts. Some childhood experience of the participants influenced to build up *negative self-appraisal* in their adult age. This includes: when they faced any unexpected situation, they used to attribute negative self apprisal as well. Some negative self aprisal were *'I am valueless', 'I am bad', 'why should I*

live', 'my last address is death' etc. These things created adverse emtions among them which awakened the impulse of death. In this regard Hawton(1986) found that well-developed coping skill or social compitency is one of the most protective factor for suicide prevention. So it can be assumed that this negative self apprisal might have a strong connection with vulnerable self and suicide attempt.

Different kinds of negative emotions were found among the participants which were profound hopelessness, worthlessness, devoid of peace, shame and guilt, feeling of condemnation, anger and resentment. Collectively it is called as *adverse emotions*. These emotions might influence the attempt to suicide.(Ali et al., 2005) revealed that 65.4% were suffering from psychiatric disorder in which 70.7% were found to be suffering from major depressive disorder. In this regard it was also found that high levels of lifetime aggression are associated with high risk of suicide(McGirr, Renaud, & Bureau, 2008) and the mortality risk for suicide associated with depression was many times the general population risk(Harris & Barraclough, 1998) Another study found that more than half of all people who die by suicide meet criteria for current depressive disorder(Cavanagh, Carson, Sharpe, & Lawrie, 2003). Mann (2003) found that acute psychosocial crisis and psychiatric disorders are commonly the proximal stressors leading to suicidal behavior, while pessimism or hopelessness and aggression or impulsivity are components of the diathesis for suicidal behavior. So it can be assumed that several such risk factors including the presence of profound hopelessness, worthlessness, devoid of peace, shame and guilt, feeling of condemnation, anger and resentment may increase psychological distress to a point that is unbearable and lead a person to seek escape via suicide attempts.

Deleterious behaviors were found among the participants. They used to stop eating, lock the rooms from their childhood, history of previous suicide attempts. They also wanted to commit suicide along with their children. Among the participant five of them had a

previous history of suicide attempt. (Coryell & Young, 2005) had found that clinical predictors of suicide in people with major depressive disorder include a history of attempting suicide, high levels of hopelessness, and high ratings of suicidal tendencies. So it can be assumed that lack of negative self appraisal might lead to develop deleterious behaviors which can be related to vulnerable self and attempt suicide.

Blind-self is composed of *narrow vision* and *terminal impulse* which might lead to suicide attempts. Blind self means where no judgement worked, the vision became one sided and s/he could not find any way without suicide. *Narrow vision* was indicated by reduced or one directional option taken by suicide attempters. Terminal Impulse was indicated by suicidal act triggered by instigating event and occurred with short laency and with little or no conscious control. It included sudden incitement to act: i.e. the internal state initiates the action. Instigating events along with narrow vision might be responsible to create impulse to attempt suicide among the participant. It was indicated by thought block and hot flashes in body. The participants ran suicide attempts.

From the above discussion it was viewed that among the participants there were vulnerable self and blind self. (Matthew et al., 2008) found that psychological risk factors such the presence of hopelessness, anhedonia , impulsiveness, and high emotional reactivity, each of which may increase psychological distress and lead a person to seek escape via suicide. It is consistent with present findings. So it can be assumed that these negative psychological factors might be related with suicide attempts.

Social factors included pathological family, detrimental relationships, uneven upbringing obstructive community and instigating event. Among the social factors, the important one was pathological family. There were many factors in family which were closely or directly related with suicide attempts. This incorporated critical husband/wife,

unsupportive in-laws, negative parental aspects and children's history of suicide attempt and asked to die by children.

Many issues in couple relationship had strong impact on suicide attempts among the married participants.As a whole it is called as *Pathological Family*. The important factors were physical abuse, verbal abuse, emotional abuse, remarriage of husband, extramarital relationship, poverty, and history of substance abuse by husband and lack of freedom. It was found that these factors had a great contribution towards suicide attempts. It is empirically well supported that chronic physical abuse by husband and or in-laws for married women is one of the most important factors to suicide attempts(Latif et al., 2007). It was also revealed that all of female married participants (five) were severely physically abused by their husband. For the physical abuse most of them had a need to be admitted to the hospitals. Their husbands were cruel enough to do that. They were bound to do the household duties properly in spite of their physical sickness which made the condition intolerable. In two cases the participants were hurt in their private places by their husband and perpetrator respectively. She could not imagine that her husband could hurt by a broom in the vagina. It was so painful that immediately after the incident she attempted suicide. Not only they were encountered verbal abuse but also they were scolded in very slang language. There were emotional abuse like could not mix with others, could not go outside, suspicion for extramarital relation even with her ex-husband's own son, could not talk to them! The entire married female participants were also threatened to be divorced. Khan and Kamruzzaman (2010) had found that eve-teasing (10%), and other family disputes (20%) are the reasons behind suicide. In this regard in can be assumed that thses factors migmt be associated with suicide attempt.

Out of eight, six participants were in great poverty. They could not meet their basic needs. It was one of the important factors for the devoid of peace. Cheeng et.al(2000) found

that a number of psychosocial risk factors like marital disruption, unemployment, lower socioeconomic status were significantly associated with the risk of suicide. Another significant factor was husbands' substance abuse. Among the five married female participants four of their husbands were substance abuser. For that reason, they needed extra money and that pressure went on their wives and they used to beat their wives mercilessly. There might have a strong relationship with physical and verbal abuse which might lead the participants to attempt suicide. The effect of these issues and its relation to suicide attempt were compounded by other factors.

Begum and Begum (2010) studied to get an overview of the nature and causes of suicide in women in Bangladesh where it was found that one of the most important cause was family discord (62%) and another important cause was husband's torture for dowry(3.31%). Latif et al.,(2007) found that matrimonial conflict, was the primary cause of suicide among the participants of Jhenaidhah(28.3%), whereas familial disharmony and conflict(60.1%) was the primary cause in Khulna (Latif et al., 2007). Foster et al., (1999) conducted a study on risk factors for suicide where they found a number of psychosocial risk factors that were significantly associated with the risk of suicide. They included marital disruption, unemployment, lower socioeconomic status, early parental deprivation, and stressful life event as risk factors(Foster, Gllespie, & McClleland, 1999). The reasons for attempted suicide were family problem, failure in exam, marital problem, love disappointment, torture by husband, financial problems(Ali et al., 2005). In this regard, it can be assumed that these factors might be correlated with suicide attempts.

Among the five married female participants, two participants were the victims of both physical and mental torture by their in-laws. They did not get the proper value of their tiresome works as well as their worth was neglected. Not only they were tortured but also they were accused and scared of their husbands being married of again. They were instigated

to die. Even one participant was going to be killed by her mother in-law. These types of activities or incidents made their lives more helpless. It was found that stress and strain from everyday life, severe, prolonged, or unmanageable stress were strongly associated with suicide (Christie et al., 1988). In another study Huffine (1986) found that negative social interaction and feeling of hopelessness and helplessness were connected with suicide. In this regard it can be assumed that issues related to unsupportive in-laws would be associated with suicide attempt.

Many *negative parental aspects* might be responsible for their suicide attempts. Among them, authoritative parentings, lack of recognition, nagging, discrimination among children or siblings were significant. Beside these, being rejected and misunderstood by parents, parental discord had a great influence on those attempts. Participants were neglected from their childhood. When they did not get their deserved importance, their problems were not seriously treated and they were forced to obey their parents' decision, it made them deeply depressed and frustrated. Peffer (1989) found that family disorganization and other disruptions, parent child relationships play a significant role in suicide attempts. Foster et al. (1999) found that early parental deprivation plays a significant role in suicide attempt. These findings are consistent with this study findings regarding pathological family issue. After considering these relevant findings it can be said that negative aspects related to family might have connection behind suicide attempts.

Another issue was related with *children.* In this case two contradictory matters were noticed. One participant admitted the problem of her children's history of attempt to suicide, as the reason behind her attempt to suicide. On the other hand, another participant was hurt by her son who wished his mother to die. Her son used to misbehave with her. The common reasons behind these two cases were agony, depression and frustration which might have significant influence on the attempt to suicide. It is empirically supported that suicidal

behaviors often are preceded by stressful events, including family and romantic conflicts and the presence of legal/disciplinary problems, the experience of persistent stress, more distal stressors, such as perinatal conditions and child maltreatment, also have been linked to subsequent suicidal behavior (Matthew et al., 2008).

By this study some *instigating events* before the suicide attempts of the participants were found which were husbands' physical, verbal, emotional or sexual abuse with video recording, being kidnapped and gang raped, facing criticism, feeling of guilt and shame after the incident, quarrel and disagreement with parents, being scolded and misunderstood by significant relatives like mother. In a study Antonio, Andrésa., Ferda, and Eiji (2011) showed that in the long run, the divorce was the highest suicide cause and the Japanese men seem to be suffering particularly from this situation. The second most important determinant of the suicides in Japan was also a sociological factor, fertility rates. It was also said that one may argue that sociological factors are more dominant than economic factors in the case of Japanese suicides. In this regard it can be assumed that these instigating events might be connected with suicide attempts.

Every participant was observed having a *detrimental relationship* with other members of family, such as husband, wife, in-laws, parents, neighbors and other relatives. Whatever the relation with others, the conflictual relation made them feel inferior which motivated them to prefer attempting suicide. Kumar (1985) in his study found that the most important cause of suicide was family conflict and among the other important causes of suicide torture for dowry was significant. In this regard it can be assumed that negative aspects related to family would have connections behind suicide attempts.

It was noticed that all the participants, except one, had history of *uneven upbringing,* which included carelessness, negligence, failure in education, poverty etc. One of the participant who was not a victim of uneven upbringing, was brought up being over dependent

which made him more frustrated and angry when he did not get proper support in future. These might be the causes behind their attempt to suicide. This was also supported by the findings of Brent., Oquendo, and Birmaher (2003) study where they found that physical and, in particular, sexual abuse during childhood is strongly associated with suicide. In another study Felner, Silverman, and Felner (1992) revealed that academic and other life failures had a strong connection with suicide. In this sense, uneven upbringing including carelessness, negligence, failure in education, poverty in early life can be assumed as important element to initiate suicide acts.

It was also found in this study that there were some factors in the society which might be responsible suicide attempts. It is called as *obstructive community*. Criticism, judgment, superstition, low social capital and negative perception toward women empowerment help to increase negative perception and contradictory emotion as it happened to the sixth participant when she was gang raped. The criticism and discussions of her neighbors made her feel that she did not have any worth to live in this world. So she attempted to suicide. It can be said that these factors of obstructive community might be significant for the cause of the suicide attempts. Matthew et al. (2008) also found that younger age, lack of education, and unemployment may represent increased risk for suicidal behaviors associated with social disadvantage. Christie et al. (1988) found that strong social support is negatively correlated with suicide. In another study Hawton (1986) found that a history of past or current sexual or physical abuse is correlated with suicide attempt. In this regards it can be assumed that the factors included obstructive community might be correlated with current suicide attempts.

This study also found that the four participants *attempted suicide by* hanging, taking kerosene, eating insecticide, drinking harpic and by withdrawal of food, water and necessary drugs likes diabetis medicine. It was also revealed that most common methods used ere

ingestion of insecticides and pesticides (42.3%) and among the other methods diazepam, hanging were important ones(Ali et al., 2005).

One of the major findings of this study is the interplay of social and psychological factors leading to suicide attempts. It was seen from this study that many social and psychological factors might be responsible for suicide attempts. Among the social factor there are pathological family, detrimental relationship, uneven upbringing, obstructive community and instigating event. Psychological factors included vulnerable self and blind self. As an individual is an inseparable part of society, social factors affect the psychological factors of an individual. In this regard it can be supposed that *vulnerable self* arises in himself or herself. Vulnerable self included negative self appraisal which also creates adverse emotion and negative impact on the regular attitude of the individual like debating, using slang language, threatening for committing suicide. This might makes him/her to hear from others that he/she may die. It makes the person more vulnerable. As a result he/ she think to commit suicide. From their adverse emotions and narrow vision they shared some thought like *'I feel humiliated by their language; 'I do not think that I have any other way except committing suicide'* etc. but their emotions like these were also ignored. Their husbands and relatives promoted their wish of committing suicide. They said, 'If *you die, we will get our son married again soon.'* After hearing these languages they becomes impulsive as they said, *'my mind goes out of balance, I cannot think anything else. I thought of committing suicide and attempted to do so.'* And it was seen that one participant was looking for chance to commit suicide and as soon as he got the chance, he ran quickly and drunk kerosene.

Several theories and models explain the factors leading to suicide attempts. Some of them are compared with this proposed interplay of social and psychological factors leading to suicide attempts. Monique, Guy, Marie, Mélanie, and Gustavo (2014) proposed Developmental Model of Suicide Trajectories. According to this model, the sample

population was exposed to life stressor throughout their developmental stage (like early life, teen age). That might increase the burden of adversity. After that when they again exposed life stressor for example end of a love relationship then they attempt suicide. The present study also shows life stressors in respect of social factors leading to suicide attempts. It was also assumed the psychological factors and the interplay of social and psychological. This interplay assumes that the interaction of different social and psychological factors might have influence to create a *vulnerable self*. That might make the individual vulnerable for suicide attempts. When the person instigated by those social factors, it created *blind self* which is comprised of narrow vision and impulse and that might be responsible for attempted suicide.

According to the *Cultural Model of Suicide* by Chu, Goldblum, Floyd, and Bongar (2010), the life stressor related to suicide attempts, the interpretation of that event by the indiviaul, suicidal ideation, intent , plan, even the attempt all are affected by culture. This cultural theory gives less importance on the psychological factors. There is a similarity with this model in respect of social factors related to suicide. In advance this present study wants to show the individual psychological factors relevant to suicide.

Cognitive Theory of Suicide by Beck(1976) showed that there were suicide related dysfunctional vulnerability factors among the individuals while they exposed to stress it creates psychiatric disturbances inside them and as soon as cognitive processes related to suicidal acts activated s/he attempted suicide. Being consistent with the aspect of this model this study considers the psychological factors related to suicide. Moreover it also shows the psychological factors, social factors as well as the interplay of social and psychological to be associated with suicide attempts.

Implication of this Study

This current study has contributed to considerable new information in Bangladesh context of psychosocial factors leading to suicide. It can be helpful for the therapist, educator, caregiver, and social workers and suicide prevention programe.

Limitation and Recommendation for Future Research

The study has a number of limitations. The following section addresses limitations related to retrospective data and the population of the study.

- Among eight participants, the Six were female.
- Thought it is a qualitative study it would be more profound if the participants were incorporated from different socioeconomic groups.

Significance of the Study

The purpose of the research was to find out the contributing factors behind attempting suicide which can be helpful to provide some possible ways to reduce the number of suicide in the society. Interactions of some social and psychological factors might make the vulnerable condition in an individual. At that condition when s/he was instigated, it created terminal impulse; the vision became narrow, and it led to suicide attempts.

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APPENDICES

Appendix I

Ethical Approval Letter

Appendix II

অবহিত সম্মতিপত্র

আমি (মোছাঃ নাজমে আরা বেগম) ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা মনোবিজ্ঞান বিভাগের এম.ফিল পর্যায়ের একজন প্রশিক্ষণার্থী ও গবেষক। বর্তমানে আমি প্রফেসর এম. আনিসুর রহমানের তত্ত্বাবধানে *"Understanding Psychosocial Factors Leading to Suicide Attempts"* নিয়ে গবেষণা করছি। এই লক্ষ্যে আমি আপনার সাথে কিছু সময় ধরে কথা বলতে আগ্রহী। এতে আপনার ৯০-১২০ মিনিট সময় ব্যয় হতে পারে। যে সকল বিষয় নিয়ে আমি আপনার সাথে কথা বলব এবং আপনি যে সব তথ্য প্রদান করবেন তা সম্পূর্ণ গোপন রাখা হবে। কোথাও আপনার নাম ঠিকানা লিপিবদ্ধ বা উল্লেখ করা হবে না। তবে আমাদের এই কথোপকথন একটি ডিজিটাল রেকর্ডারে রেকর্ড করতে চাই। রেকর্ডকৃত কথোপকথনই হবে আমাদের গবেষণার মূল উপাত্ত। গবেষণা কর্ম শেষ হয়ে যাওয়ার একটি নির্দিষ্ট সময় পর কথোপকথনের সম্পূর্ণ অংশ মুছে ফেলা হবে এবং গবেষণা ছাড়া কোথাও এই উপাত্ত ব্যবহার করা হবে না, সে বিষয়ে আমি অপনার নিকট অঙ্গীকার করছি। এই কথোপকথন কোনভাবেই আপনার শারীরিক মানসিক স্বাস্থ্যের জন্য ক্ষতিকর হবে না। গবেষণার প্রয়োজনে আপনার সাথে আরও দু একবার কথা বলার প্রয়োজন হতে পারে। সে ব্যাপারে আপনার সহযোগীতা পাবার আশা করছি। ইচ্ছা করলে এই সাক্ষাৎকারের যেকোন পর্যায়ে আপনি সাক্ষ্যদান থেকে সাময়িকভাবে বিরত থাকতে পারেন বা নিজেকে এই গবেষণা থেকে সম্পূর্ণরুপে প্রত্যাহার করতে পারেন।

যদি এই গবেষণায় অংশগ্রহণ করতে আপনার আপত্তি না থাকে, তাহলে অনুগ্রহ করে নীচে সম্মতি সূচক স্বাক্ষর প্রদান করুন।

(অংশগ্রহণকারীর সম্মতি সূচক স্বাক্ষর)

Appendix III

আর্থ-সামাজিক প্রশ্নমালা

১। নামঃ
২। বয়সঃ
৩। ভাই বোনের সংখ্যা ও জন্মক্রমঃ
৪। লিঙ্গঃ ছেলে/ মেয়েঃ
৫। বৈবাহিক অবস্থাঃ বিবাহিত/ অবিবাহিত/ অন্যান্য ... ...
৬। আর্থ-সামাজিক অবস্থাঃ নিম্নবিত্ত/ মধ্যবিত্ত/ উচ্চবিত্তঃ
৭। শিক্ষাগত যোগ্যতাঃ
৮। পেশাঃ

Appendix IV

সাক্ষাৎকার সহায়িকা প্রশ্নমালা

১। আপনি আপনার আত্মহত্যার চেষ্টার অভিজ্ঞতা সম্পর্কে চিন্তা করুন।

২। এই অভিজ্ঞতা সম্পর্কে যথাসম্ভব বিস্তারিতভাবে বর্ণনা করুন, নিজস্ব ব্যাখা পরিহার করুন।

৩। আশেপাশে কি ছিল? কোথায় ছিলেন? আপনার কেমন লাগছিল? কি চিন্তা ও অনুভূতি হচ্ছিল?

৪। আত্মহত্যার ঘটনা কোন সময় ঘটেছিল?

৫। কয়বার আত্মহত্যার চেষ্টা করেছিলেন?

৬ । পূর্ববর্তী কোন মানসিক চিকিৎসা নিয়েছিলেন কি না? নিয়ে থাকলে বিস্তারিতভাবে বর্ণনা করুন।

৭। নির্দিষ্ট কোন ঘটনা/ বিষয় (বাহ্যিক/ আভ্যন্তরীণ/ মানসিক/ সামাজিক) ছিল কি না যা আপনাকে আত্মহত্যার দিকে তাড়িত করেছিল?

Appendix V

Open Coding

Alone

Admitted in medical college hospital

All in vain

Anger

Anxious

Bad proposal

Bad relation with neighbor

Bad relations with husband

Bad reputation

Begging

Best way to killing own self

Blame

Bound to take an oath

Cannot tolerate that others are talking about herself

Cannot go out of room

Cannot tolerate criticism

Cannot tolerate husband anymore

Care for husband

Characterless parent

Cheated by husband/wife

Cheated by friend

Negative childhood history

Children's history of Suicide Attempt

Bad condition of eye

Critical parent

Crying

Cultural difference

Day of attempt

Dependency with parents

Dependent personality

Depressed

Deprived of parental affection

Deprived of husband's love

Devoid of peace

Different from childhood

Difficult husband/wife

Difficulties with parent

Discorded by other

Disharmony in discipline

Disheartened

Disobedient upspring

Distance of college

Pain in body

Distress in couple relationship

Divorce

Dominating parent

Dowry

Education unstable

Emotional abuse

Everybody is talking about me

Expression of anger

Failed in copying strategy

Failed to reestablish the relationship

Failure in education

Family oriented

Fear

Feeling mad

Feeling of blankness

Feeling of irritation

Feeling of loneliness

Feeling of rejection

Feeling of unfaithfulness

For whom the attempt was made

No hope for Future

Gang raped

Group pressure

Guard

Guilt

Hanging

Hanging by orna

Hard work for husband/wife

Have to resign the job

Head is feeling heavy

Head moving

Helplessness

Homicide

Hopelessness

Hot flashes in body

Hungry

Husband is addicted

Husband biased

Husband did not take care

Husband gambler

Husband making noise

Husband unemployed

Husband wanted money

Husband was in loan

Embarrassed

Impulse of finishing own life

In a trap

In laws

Indirect suicide

Interrogation

Introvert

Jam

Lack of freedom

Lack of recognition

Last suicide attempt

Leading thought of suicide

Left home

Less importance among siblings

Like a dead body

Loss of memory

Low mood

Making fun about her about sex

Maladaptive coping

Misunderstood by parents

Misunderstood by husband/wifes

Mode of suicide

Mode severity

Need for esteem

No dream

No food

No freedom

No money

No need to consider others

No need to live

No return

No suicide attempts

No support

No way to escape

Nobody believe me

Nobody can help me

Nobody care me

Not caring for my family

Not taking grocery

Naughty neighbors

Only one way is suicide

Oppress or go extreme

Others telling lie about herself

Others tell to die

Over protective care giver

Over protective parent

Painful journey

Parent did not take promise

Parental discord

Husband did not care

Passive

Passive aggression

Physical abuse

Bad physical condition

Being teased for physical disability

Physical outburst of anger

Physical sickness

Previous suicidal attempt

Process of attempted suicide

Psychiatric problem

Psychological pain

Punished for expression of emotion

Quarrel with husband

Quarrel with parents

Resentment

Refused by wife

Rejected by family members

Rejected by parents

Rejected by wife

Remarriage of husband

Restricted education system

Self-blame

Senseless

Separation with husband

Sexual abuse with video recording

Sexual abuse

Shame

Slang

Source of information about suicide

Stop communication with family

Stop eating

Stop taking drugs

Stop talking

Struggle for education

Struggle for job

Struggling mother

Suffer pain

Suffering from physical limitation

Suicidal ideation

Suicide attempt

Suicide impulsive

Suicide process

Suicide with child

Suspicion

Teased

Threat

Time of suicide attempt

Timid

Traditional

Triggering event

Unemployed

Unexpected child

Unexpected situation

Unmet basic needs

Unplanned suicide

Unwelcome

Upset

Verbal abuse

Wanted divorce

Where the attempt was made

Why the attempt

Withdrawal

Wordless

Worthlessness

Appendix VI

Categorizing

Table 2: Psychosocial Factors Associated with Suicide Attempts.

	PATHOLOGICAL FAMILY	
Social Factors	**CRITICAL HUSBAND/WIFE** **Sexual abuse** with video recording, beaten in her vagina, husband threat that the video would be published in the internet, Hot flashes in **Verbal abuse**-scolded in very slang language emotional abuse- carelessness, Have to resign the job suspicion, **Asked to die,** **Physical abuse-**continuous torture, Admitted in medical college hospital, Bad condition of eye, Like a dead body, Bad physical condition, Physical sickness, Senseless	

	Disheartened **Remarriage of husband,** Characterless parent Cheated by husband/wife **Extramarital relationship-** of husband, Wife's premarital and extramarital relationship, Cheated by wife, **Divorce**-Divorced by wife, **Poverty-** husband unemployed, Hungry, Husband unemployed, Husband wanted money Husband was in loan, No food No money, Not taking grocery, Unemployed Unmet basic needs Deprived of husband's love, Husband did not take care no love and affection lack of caring, quarrel with husband, blamed for the late of appointment letter, bound to take an oath, Cheated by friend,	

	Failed to reestablish the relationship making noise in home, lack of caring, unkind husband, **Substance abuse-** Loss of memory husband gambler, husband addicted, back home at the late night, **Biasness**-husband biased towards his own family members and misbehaves with her family members, Not caring for my family **UNSUPPORTIVE IN-LAWS** **Verbal abuse**-scolded in very slang language **Emotional abuse**- suspicion, Lack of freedom **Physical abuse-** continuous torture, Pain in body Distress in couple relationship **Poverty-** Begging **Asked to die** **Pressure for dowry** Greedy in-laws Over demanding in-laws **Emotional abuse** Slang/ verbal abuse by in laws,	

	Punished for expression of emotion Refused by wife Rejected by wife **Fear for murder**	
	NEGATIVE PARENTAL ASPECTS Authoritative parenting, Dominating parent, Critical parent, Difficulties with parent Discorded by other Disheartened Discrimination among children, Disagreement with parent,, Discrimination among children, Rejected by parent, Misunderstood by parent, Scolded and blamed by family member, Came from poor family, Asked to die Parental discord	

	Unwelcome	
	Children's history of children's suicide attempt, **Verbal abuse**/ (scolded/misunderstood/blamed by son, Disobedient upspring), **Asked to die by children**	
	Lack of freedom-had to resign the job or making tutionee without husbands permission, couldn't go out of home, forbidden to go her mother's home, No freedom Struggle for job	

	DETRIMENTAL RELATIONSHIPS	
	Conflictual relationship with- husband, -in-laws -parents -neighbors -relatives Quarrel with husband Quarrel with parents	
	UNEVEN UPBRINGING	

	Different from childhood Deprived of parental affection, Less importance among siblings Negative childhood history Struggle for education **Education- system** Changing education system(transferred to more difficult one) Facing difficulties in adjusting the education system, **Failure in education**(not getting scholarship and failed in S.S.C, Education unstable) **Parent**-Lack of recognition from parents, Parent didn't take promise, Teased by parent, dependent on family, deprivation of parental love and affection, struggling mother, **Care-giver**-Over protective caregiver **Poverty**-had to struggle for education	
	OBSTRUCTIVE COMMUNITY	
	Kidnapped, In a trap	

	Critical, judgmental/ condemnatory/ fault finding/blaming cruel society Unacceptance of society after gang raped, Head is feeling heavy Head moving, Bad proposal, Everybody is talking about me, Group pressure For whom the attempt was made Others telling lie about herself Others tell to die Gang raped Interrogation Naughty neighbors Making story **Suspicion** **Dowry** **Peer** Bad friend/ mistrust **Low social capital** Knotty neighbor	
	NEGATIVE SELF APPRAISALS	
	- father is responsible for my bad condition, father is always like this, again do this type of behavior, no way/output will come for my father, No need to consider others No need to live	

Psychological Factors	No way to escape Nobody believe me Nobody can help me Nobody care me Only one way is suicide Best way to killing ownself, I am alone, Where I put my children no hope for future no way always blocked, Leading thought of suicide life is very bad, (pray for death/ wish for die, -it is better to die All in vain, No hope to change I cannot face it,), (unexpected situation, no way to live, no need to listen other, nobody belief me, no need to consider other, bad reputation, want to relief, to get relief), How can I Show my face? **Suicidal ideation**(suicidal ideation, I finish myself slowly)	
	ADVERSE EMOTIONS	

	Profound Hopelessness- **depressed(**low mood continuous low mood depressive disorder disappointed, Feeling of loneliness Cynical, Feeling of blankness No dream, upset, ignored, cheated by friend, feeling rejection) hopeless about future, no dream for future, No support, Suffer pain Suffering from physical limitation Upset, Wordless All in vain, Separation with husband Failed in copying strategy- Left home **Lack of recognition,** Misunderstood by husband/wifes No return **Helplessness,** Powerlessness (anger,sad,depressed,shame,upset,resentment,irritation,emotional black mailing(persmotic) guard, Oppress or go extreme	

	Worthlessness feeling of rejection, feeling of failure, lack of recognition, Feeling of unfaithfulness less importance between sibling, Care for husband feeling neglect, unexpected child, not caring for my family, lack of recognition, **Devoid of peace**(Anxious, Bound to take an oath, Cannot tolerate that others are talking about herself, Cannot go out of room, Cannot tolerate criticism, Cannot tolerate husband anymore, valulessnes, worthlessness, asked to die, devoid of peace, suspicion, disturbed, Fear, Feeling mad, Wanted divorce) **Overwhelmed(**being sexual abused by husband, being mad, Hard work for husband/wife) **Being victimize,** Making fun about her about sex **Feeling of condemnation,** Interrogation **Guilt,** Self blame **Shame,** Bad reputation, Embarrassed, Blame	

	Lack of motivation-didn't want to continue study, **Anger and resentment,** Feeling of irritation, Guard prominent anger on father, passive aggression, resentment **Emotional pain** suffering from pain, numbness **Powerlessness** Blamed, teased for physical limitation, suspicion-with her son, lack of freedom, lack of pleasure, restricted to communicate with her former children, abused, Had to give permission for the remarriage of husband to save life, **Psychiatric problem**	
	DELETOTIOUS BEHAHAVIORS	

	Wish to hurt themselves, Crying- crying alone Quarrel with parent **History of suicide attempt,** **Homicide,** **Passive-** Cannot express, Had to manage money by tutionee without informing husband, **Withdrawal**(stop talking, eating,communicating,restricted in own room) **Hard work for family**	