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**RESEARCH PAPER**

**Lived Experiences of Women Suicide Attempt Survivors from District Attock**

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**ABSTRACT**

This qualitative study explored life stories of women who attempted suicide and survived, to explore reasons behind these attempts. Rates of suicide are higher in South Asian countries when compared with the global average. in the last few years, a significant increase has been seen in suicide rates in developing countries like Pakistan and India. Research also shows that it has also remained a challenge for suicide attempt survivors to access mental health care services and treatment. This research included 12 interviews from District Attock. Semi-structured in-depth interviews were conducted with women suicide attempt survivors. For theoretical underpinning of this phenomenological research, Entrapment model and suicide ideation are used. Data is analyzed using thematic analysis. It is concluded in this study that all participants were dissatisfied with their lives and felt entrapped in clutches of patriarchal structural injustice. They all faced different forms of patriarchal injustice. Apart from evidence-based interventions in public health to contain suicide rates, there are also newer angles to be explored with each passing day because of the rapid changes in society.

**Keywords:** Suicide, Attempted Suicide, Women Suicide Survivors, Lived Experiences

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**Introduction**

This is a qualitative study which explores the reasons behind suicide attempts of women from District Attock. Theoretical lens of Entrapment model (Williams & Pollock, 2000) and suicide ideation (O'Connor and Nock, 2014) are used in this work. The Punjab province of Pakistan is divided geographically into upper, middle and lower Punjab which are also known as North, Central and South respectively (Yousaf et al, 2018). District Attock is in Upper Punjab.

Suicidal behavior refers to taking actions or contemplating ways to end one's own life. Suicide is defined as "(1) death arising from (2) an act inflicted upon oneself (3) with the intent to kill oneself" (Andriessen, 2006, p. 533). This act of killing oneself can be done in several ways including substance abuse, mental disorder or a major depressive episode. The term is often linked with mental disorders, breakdowns and chronic illnesses. Statistics highlight that majority of suicides happen impulsively such as in moments of crisis or due to mental breakdown resulting from financial vulnerability or chronic illnesses (Sher & Oquendo, 2023). Furthermore, experiencing conflict, mental or physical abuse and feelings of isolation are also linked with suicidal inclinations among youngsters and adolescents. Researches indicate that suicide of a family member, relative or friend can lead to life-long ramifications, both mental and physical. (American Psychological Association, 2021).

The global suicide statistics highlight that nearly 800,000 people commit suicide annually, which means a person loses his/her life every 40 seconds (Aslam & Bhatt, 2022). It is also regarded as one of the leading causes of unnatural death among youngsters, who are more prone to suicidal planning, attempts and thoughts (SAVE, 2021). According to a report by the World Health Organization (2021), global suicide rates have increased two-fold in the last 45 years. It is counted as one of the major global public health issues. It is the fifteenth major cause of death in the world (WHO, 2014). Gender disparities are visible in the global suicide statistics, as the ratio of suicide among males is four times higher than females across the globe (Kerry, 2021).

Furthermore, suicide rates among youngsters have been increasing at a rapid pace, making this group the most vulnerable in a third of all countries. Mental health disorders are deemed as the single most compelling factor leading to 90 percent cases of suicide worldwide.

### **Literature Review**

Rates of suicide are higher in South Asian countries when compared with the global average (Vijayakumar & Balaji, 2022). India has one-third of all female suicides (Vijayakumar & Balaji, 2022). The most common methods used in this region include poisoning, hanging (Patel et al., 2012), drowning and firearms (Jordans et al., 2014). It is the second leading cause of death in young women in South Asian countries e.g., India and Nepal (Dandona et al., 2018; Pradhan, Poudel, Thomas & Barnett, 2011). There are many reasons for women to commit suicide which include child marriage, forced marriage, arranged marriage (Mondiale, 2007; Maselko & Patel, 2008), domestic or intimate partner violence (Ahmad-Stout, Nath, Khoury & Huang, 2021; Rani, UP & Verma, 2022), dowry (O'Connor & Lee, 2022, Rani, UP & Verma, 2022), complex marital relations (Snowdon, 2019), childlessness, depression (Naveed et al., 2020) etc. There is a difference in suicide or suicide ideation when rural and urban regions are compared (Srinivasan, Reddy, Sarkar & Menon, 2020). There are also newer reasons with changing times which include bullying (Pengpid & Peltzer, 2020), alcohol and drug abuse (Chakrabati, 2021) and addiction of social media, online gaming and smart phones (Sambasivan, 2019; Ghai et al., 2022) etc. Other socioeconomic factors include family or individual crisis, loss of a loved one, unemployment, disassociation from social or religious groups, sexual orientation and difficulties in developing one's identity. (Befrienders Worldwide, 2021).

Adequate knowledge and know-how of suicide is vital to devise effective suicide prevention strategies as they can help in restricting access to pesticides, poison and other life-threatening medicines, identifying early signs of suicidal inclinations and fostering socio-economic life skills among adults to avoid such drastic steps (WHO, 2021). According to an estimate, over 45,000 people commit suicide in the US, every year, leaving back six or more suicide survivors to bear the brunt of their actions as well as grieve their loss (Harvard Health Publishing, 2019).

Furthermore, in the last few years, a significant increase has been seen in suicide rates in developing countries like Pakistan and India. Research also shows that it has also remained a challenge for suicide attempt survivors to access mental health care services and treatment (Hom et al., 2021). Maple et al., (2019) reported in their study that only ten out of the fifty participants of their research reported that they had a feeling of relief after surviving their suicide attempt. The rest of the participants had negative feelings including being sad, depressed or disappointed. It shows the proper psychological and

mental health care is required after such attempts. Lack of proper resources, lack of trained mental health experts, little or no interest of researchers in this area of interest and weak political infrastructure make suicide prevention a daunting challenge for the present-day Pakistani government (Khan, 2007; Khan & Hyder, 2006).

## Material and Methods

This is a qualitative study using the narrative design. Twelve women District Attock were interviewed. All were Hindko-speaking. For the theoretical lens of this study, entrapment model (Williams & Pollock, 2000) and suicide ideation (O'Connor and Nock, 2014) are used. Suicide ideation is suicidal thought, wish or contemplation of suicide or death. William and Pollock (2000) drew upon the idea of 'arrested flight' Arrested flight is a situation when a certain animal is defeated but it cannot escape from the trap. This is a state of entrapment which is used in describing suicidal behaviour by William and Pollock (2000). Rasmussen et al. (2010) stated, "Williams proposes that suicidal behaviour is reactive: it is the response to a stressful situation which has three components which act together to increase suicidal risk: (1) the presence of defeat, (2) perception of no escape, and (3) perception of no rescue." Using the theoretical lens of both theories, the analysis technique of thematic analysis is used to extract themes from the data gathered through in-depth interviews.

## Results and Discussion

As seen in Table 1, the age range of participants is 24 to 35 years. At the time of attempting to commit suicide, seven participants were married, two were divorced and three were unmarried. Three participants of this study were uneducated, while the rest were educated. There was no legal measure taken by any law enforcing authority after the suicide attempt. As per Table 1, four participants used pesticides to attempt suicide.

**Table 1**  
**Demographic and suicide details of participants**

Participants	Age	Marital status when attempted suicide	Education	Reasons for attempting to commit suicide	Method used
Participant 1	35	Married	Matric	Abusive husband	pesticide
Participant 2	28	Married	Matric	Domestic abuse	Pesticide
Participant 3	30	Divorced	Uneducated	Domestic violence,	Hanging
Participant 4	24	Married	Uneducated	<i>Watta satta</i> , domestic violence	Hair dye - "Kala Pathar"
Participant 5	24	Unmarried	BA Hons	Forced to discontinue studies	Ate sleeping pills
Participant 6	27	Unmarried	BA	Had to discontinue education and faced continuous monitoring and distrust	Used Wheat spray
Participant 7	27	Married	BA	Forced marriage, No children, pressure from in-laws	Pesticide
Participant 8	30	Married	MA Islamiyat	Child marriage, stress	Jumped in river
Participant 9	30	Married	Uneducated	Poverty, 3 daughters and no son	Pesticide
Participant 10	22	Married	FA	Abusive husband, mistrust of husband	Hair dye - "Kala Pathar"
Participant 11	29	Unmarried	Middle	Pressure of not getting married	Hair dye - "Kala Pathar"

Participant 12	25	Divorced	Uneducated	Burden on family, no personal source of income	Pesticide
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All the twelve participants of the study admitted that they faced one or more forms of patriarchal injustice at the hands of their in-laws, parents, husbands and even the influential members of the vicinity. The participants reported psychological issues as well such as depression, stress and tension due to poverty, domestic issues, unrealistic expectations, son preference, domestic violence and unsupportive parents and in-laws. Using thematic analysis and applying entrapment model (Williams & Pollock, 2001) and suicide ideation (O' Connor & Nock, 2014), following themes are found from case studies.

### **Suicide ideation and associated risk factors**

By applying the findings of O'Connor and Nock (2014), the researchers explored how multifactorial causes increases the likelihood of suicide ideation. Moreover, the researchers also explored how personal characteristics, negative life events, social or situational factors and cognitive factors are associated with increased suicide risk.

#### **Multifactorial causes**

This theme discusses how individual and demographic characteristics of the interviewees play an integral role in measuring their suicidal tendencies. According to O'Connor and Nock (2014), gender, marital status, education, low income and unemployment can be critical risk factors in determining suicidal behaviors.

#### **Gender and marital status**

It is seen that all participants are female and speak Hindko language. In Pakistan, marital status of a woman plays an integral role in defining her gender roles. It was observed that 7 out of 12 participants were married. Forced marriages are also one of the risk factors that lead to suicide. Participant 1 in her interview admitted that she was forced by her family to marry a person who was poorer than her own parents. Her husband was abusive and used to hit her nearly every day. She said, "I used to think that it is the plight of every woman to be abused by husbands, but then I felt that I cannot handle it anymore."

#### **Education**

Education holds central significance in the development of human society. Women emancipation is not possible without promoting equal educational prospects which can eventually lead to socio-economic prosperity. Unfortunately, women are still struggling in their pursuit of education and lack support from their family and relatives due to societal pressures as well as cultural norms that flourish in patriarchal settings. It was observed that 4 out of 12 participants were uneducated.

Moreover, participant 6 was to quit her education. She said,

I was actually good in studies. I have to be married within family so no one wanted that I should get education and get more educated than my potential husband,

whoever he will be. Not only this, I faced continuous monitoring and restrictions on mobility.

Participant 7 was educated and held a degree of BA. In her interview she stated that despite securing a job in a government school, her parents were against her decision of working, however, later they allowed her to pursue it due to poor economic conditions. This shows the struggle of educated women in the country who are not allowed to work and pursue their dream careers due to societal pressure and patriarchal setting.

### **Income**

Income is also an important factor in determining an individual's stature in society. It was observed that the income range of all the participants was between 10,000 to 50,000 PKR.

Participant 4 attempted to commit suicide due to her husband's abusive nature. She used to work as a helper in a neighborhood parlor to make ends meet. Her husband used to snatch her hard-earned money and physically assaulted her when she resisted otherwise. Lack of support from parents and increased pressure for handing down the legal custody of her sons forced her to resort to such an extreme act as attempting suicide.

### **Psychological treatment**

Mental health is still a taboo subject in contemporary times. In Pakistan, the social attitudes and cultural norms such as marriage and dowry play an integral role in women's mental and emotional health. Family conflicts, inhumane treatment and attitude of parents and in-laws and patriarchal norms are some major stressors for women (Niaz, 2004). Lack of provision for psychological support often leads to depression, anxiety and behavioral disorders. It was observed that 6 out of 9 participants received no mental health checkup, despite having suicidal tendencies. Moreover, participants who received psychological treatment had history of failed suicide attempts. Participant 9, after her first suicide attempt visited a psychologist with the help of an NGO. However, after the birth of third daughter and constant pressures, she faced multiple psychological issues that led her to attempt suicide again.

### **Suicide ideation and risk factors**

The factors associated with suicide risk can be divided into four categories: Personal characteristics, negative life events, social or situational factors and cognitive factors. These factors have been featured extensively in suicide related literature and have been used in different theoretical models. Each of these factors can individually lead to suicide ideation or can increase the likelihood of suicide risk (O'Connor and Nock., 2014).

### **Thought suppression**

Thought suppression means to make intentional attempts to deal with unwanted thoughts. Researches indicate that suppressing suicidal thoughts can lead to possible suicide attempts, along with causing repetitive occurrence of this self-injurious behavior (Wenzlaff and Wegner, 2000; Wegner, Schneider and Carter, 1987; Najmi, Wegner and

Nock, 2007). Participant 7 was constantly facing the pressure of getting older as unmarried. She said,

On every family gathering and marriages, even funerals, people do not forget to tell me that I am unmarried. As if I don't know. They tell me to reduce weight, and to open about second marriage as I am 29!

Constant suppression of unwanted thoughts and inner fears forced participant 5 to attempt suicide.

### **Cognitive rigidity**

Cognitive rigidity means that the victim is inflexible or rigid and believes that suicide is the only option to end their misery. Cognitive rigidity was a critical predictor for accessing the detrimental factors that influence the decision-making processes of suicide attempters (Neuringer, 1964; Miranda et al., 2012; Marzuk et al., 2005). It was observed that 8 out of 12 participants had history of failed suicide attempts. Participant 7 had no children after 6 years of marriage and her husband was constantly told by in-laws to get married again. Her cognitive rigidity left her with no option but to attempt suicide and end her misery. Her decision-making skills were impaired and despite having the option to inform her parents, she thought it was wise to end her life.

### **To Understanding suicidality**

Over the last few decades considerable research has been carried out on suicide bereavement and the experiences of suicide attempt survivors. Several papers and projects have been published that focus on the firsthand experience of survivors. Researchers believe that understanding the experiences or perspectives of survivors are critical in getting a deeper and fuller know-how of suicidality and its causes (Redfern, 2015).

By applying the entrapment model by Williams and Pollock (2000, 2001), the researchers generated some themes to explore how different psychological, emotional and cognitive responses lead to suicidal inclinations among suicide attempt survivors. William suggests that suicidal behavior is "reactive" and encompasses three components that together increase the likelihood of suicide. These factors include "presence of defeat, perception of no escape and perception of no rescue" (Rasmussen et al., 2010). The model also explains how feelings of helplessness, hopelessness and inability to escape aversive environments can lead to negative thought patterns.

### **Defeat, entrapment and the cry of pain**

Feelings of defeat and entrapment have received substantial attention from researchers and clinicians, particularly in suicide related studies. Inability to escape an aversive environment and feeling defeated at the hands of stressful and uncontrollable circumstances lead to suicidal thoughts. It was observed that all the participants were silently suffering due to domestic issues, patriarchal reasons, domestic violence and psychological issues. These situational, social and cultural factors resulted in feelings of defeat and entrapment, eventually resulting into repeated suicide attempts.

Participant 7 shared her story of entrapment and how she suffered due to having no child. She shared, "As if I can make a baby myself and I am not doing it! All know that it is not so, yet they insist!"

Participant 1 said, "Even after a marriage of 10 years and 3 boys, I am not respected. Now when my sons see their father abusing me, I felt shame and could not take it anymore."

Several studies have found that defeat and entrapment are two critical constructs in suicide literature and helps in distinguishing people with suicidal tendencies as well as to predict repeated suicide attempts (Gilbert, 1998; Taylor et al., 2011).

### **Negative thought patterns**

Negative thought patterns lead to self-defeating beliefs. Overwhelming negative emotions lead to stress and feelings of hopelessness, humiliation and worthlessness. It was observed that all the participants reported negative thought patterns that resulted in increased suicidal tendencies. They blamed themselves for their fate and had lower self-esteem levels.

Participant 2 was forced to commit suicide due to constant feelings of helplessness, humiliation and hopelessness. Her husband worked in Karachi and used to send money every month. However, her in-laws refused to give her the due share and physically assaulted her on multiple occasions. Her children were ill-treated as well. She said, "Many married women contact their parents for support, but I couldn't. My father was very religious and refused to accept me without my husband." Vatne and Naden (2014) asserted that a negative sense of identity leads to feeling worthless and emotions of failure and hatred. Escalating domestic violence and unjust treatment led participant 4 to suicide. She felt worthless and helpless at the hands of the prevailing unjust patriarchal controls.

### **Presence of rescue factors**

Williams argue that presence of rescue factors diminish risks associated with suicide. Social support has a direct impact on the effect of escape. This means that absence of rescue factors activates "the helplessness script" in the victim (Williams & Pollock, 1998, p. 78). Acting upon these impulses depends on several other factors such as feelings of defeat, loss, rejection and lack of problem-solving skills (Williams & Pollock, 1998). It was observed that 8 out of 9 respondents received no communal or social support. Only participant 3 was contacted by an NGO that offered her legal assistance for the custody of her children. Lack of support from family members, no provision for legal assistance, little or no support from society or community and fear of entrapment increases suicide risk.

### **Dichotomous thinking**

Dichotomous thinking often causes the tendency to think in terms of binary opposition. Research indicates that suicide attempters have dichotomous and extreme thinking patterns than other groups of psychosomatic patients. Neuringer (1976) argues that suicide attempters are more rigid and extreme as compared to non-suicidal individuals. It was observed that all of the participants had dichotomous thinking patterns, as it was difficult or impossible for them to think of other alternatives. They

were dissatisfied with their lives and believed there were less opportunities to change their situation. Participant 5 and Participant 6 were forced to discontinue education. They tried many times to go back to studying. Their conflicting dichotomous thinking forced them to attempt suicide.

### **Conclusion**

The data collected from the participants of this study shows that it is very much important to include voices of the suicide attempt survivors to understand the issues from an insider's perspective. It can be seen that major reason behind suicide attempts is undue patriarchal control which made the participants helpless and hopeless. There is a lack of self-confidence, sense of belonging, sense of value as an independent individual, familial and lack of social acceptance and social support as per the narratives of lived experiences of suicide attempt survivors. Review of literature has shown high rates of suicide and suicide attempts in South Asia, although there is still a need of more data to understand the diversity in causes and reasons as per the different cultural, religious and traditional dynamics of control in different countries of the region. There is indeed dearth of data from Pakistan, especially in context with gender dynamics.

### **Recommendations**

Apart from evidence-based interventions in public health to contain suicide rates, there are also newer angles to be explored with each passing day because of the rapid changes in society. There are also certain targets especially the targets indicated in Sustainable Development Goals about education, gender equality, public health, that needs to be achieved to resolve issues that lead to a state of helplessness, which in turn lead to suicide ideation, suicide attempts and suicide.

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