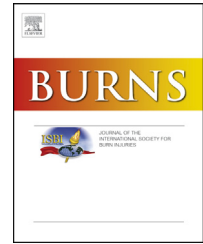


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A model to explain suicide by self-immolation among Iranian women: A grounded theory study

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ABSTRACT

Introduction: Self-immolation is a common method of suicide among Iranian women. There are several contributing motives for attempting self-immolation, and exploration of the process of self-immolation incidents will help interventionists and clinicians develop prevention programs.

Methods: A grounded theory study using face-to-face, recorded interviews was conducted with surviving self-immolated patients ($n = 14$), their close relatives ($n = 5$), and medical staff ($n = 8$) in Kermanshah, Iran. Data were analyzed using constant comparison in open, axial, and selective coding stages.

Results: A conceptual model was developed to explain the relationships among the main categories extracted through the grounded theory study. Family conflicts emerged as the core category. Cultural context of self-immolated patients offered a contextual condition. Other important categories linked to the core category were mental health problems, distinct characteristics of the suicidal method, and self-immolation as a threat. The role of mental health problems as a causal condition was detected in different levels of the self-immolation process. Finally, adverse consequences of self-immolation emerged as having important impact.

Conclusion: The conceptual model, derived through grounded theory study, can guide design of prevention programs. The pivotal role of family conflicts should be emphasized in mental health interventions. The impact of adverse consequences of self-immolation on further suicidal processes necessitates post-suicide prevention programs. Further research to design specific interventions is recommended.

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1. Introduction

Self-immolation, the act of purposely self-inflicting burns, is among the most lethal means of attempting suicide [1]. Although rather rare in western countries [2], self-immolation is a common suicide method, especially among women, in the Middle East and in South Asia [3–6]. In Iran, the focus of the present study, self-immolation is a major public health concern [7–16]. In fact, despite the comparatively low rate of total suicides in Iran (6 per 100,000) [7], the rate of 2/3 per 100,000 documented between 1996 and 2003 for self-immolation suicides in some regions of Iran is among the highest rates in the world [9]. Reports suggest that up to 10% of all suicide attempts and 70% of successfully-committed suicides in Iran are performed via self-immolation [8,10].

Self-immolation is most common among Iranian women, totaling up to 79% of self-immolation attempts in some studies [8]. Most victims are young, having a mean age of 29 years [8], and housewives, with between 43.1% and 78.5% recorded as housewives across studies, who live in rural areas of Iran [8,11]. They usually have no formal education [8,9,11]. Citing the horrific nature of suicide by self-immolation, several researchers have studied underlying factors for self-immolation. Cross culturally, reports often emphasize family conflicts that develop due to traditional living structures of self-immolated women, such as living in extended families (e.g., in Sri Lanka [17], India [18], and Uzbekistan [19]). Kumar [18] for example, describes the traditional ritual of the dowry system in Indian culture that creates risk of family conflicts for new brides. The family of new brides is expected to provide several gifts for the husband's family before and after marriage. When the family of a new bride fails to meet the demands of the husbands' family, the bride may be exposed to physical and mental harassment [18]. Risk for self-immolation may emerge as a reaction to this situation [18]. Other research cites other risk factors for self-immolation also, including mental health disorders among the women and easy access to accelerants [3,20–22]. In sum, there are several influencing factors that converge to create risk for attempting suicide by self-immolation across cultures [3,8].

Within Iran specifically, previous work largely replicates findings from other cultures. Results from several different Iranian provinces, including Tabriz [12], Mazandaran [14], Kohkiluyeh Va Boyer-Ahmad [15], Kurdistan [16], Ilam [9,23], Kermanshah [10], Tehran [24,25], Khuzestan [26], Lorestan [27] and Zahedan [28], suggest women's conflicts with their husbands and their husband's family are a primary motive for attempting self-immolation. Researchers also report that a specific family quarrel is frequently an immediate precursor for self-immolation attempts [10]. Similar to reports from other countries, Iranian studies also cite cultural factors that increase risk of self-immolation including marriage- and divorce-related traditions that impact family conflicts, imitative acts whereby women imitate self-immolation threats from peers and sisters [10,29], mental health disorders [30,31], para-suicidal gestures [10,27,32] and easy access to accelerants [10,22].

Several aspects about self-immolation remain poorly understood. In particular, previous work – typically conducted using quantitative methods (see [27] for an exception that used qualitative strategies) – has failed to look beyond single

demographic and individual factors to consider the multifaceted, complex, and integrated socio-cultural issues that create risk of self-immolation [33]. To develop appropriate culturally relevant prevention programs, self-immolation must be considered from the perspective of an interaction between human behavior and the environment in which that human lives [34]. Qualitative research strategies are valuable to help researchers disentangle such complexities. Thus, as recommended by Rezaie and Schwebel [35] and Rezaeian [36], we developed a qualitative study to explore self-immolation attempts among women in Kermanshah, a western province of Iran [37].

2. Methods

2.1. The present study

In a preliminary report from this dataset, a content analysis of the motives for suicide by self-immolation showed that there were five main motives for attempting self-immolation: cultural context, family conflicts, mental health problems, self-immolation as a threat, and distinct characteristics of the suicidal method. We reported an interactional pattern between motives such that various risk factors interact to create highly elevated risk among particular individuals [37]. A next logical step to developing a theoretically supported prevention program was to explore the interactive risks for self-immolation using grounded theory. Grounded theory study allows researchers to explore a phenomenon from a new perspective and therefore derive conceptual and theoretical bases for behavioral processes from the collected data [38].

2.2. Study setting

The study was performed in Kermanshah province, a western province of Iran with high rates of suicide by self-immolation among women [7,8]. The primary center for admission of self-immolated patients in Kermanshah city is Imam Khomeini Hospital, an academic hospital operated under the supervision of Kermanshah University of Medical Sciences (KUMS). The hospital includes two burn/plastic surgery units, each providing specific services during stages of treatment for burn patients. Surviving self-immolated patients are treated in these units and their relatives visit often, making the hospital an ideal setting for research on self-immolation among women in Kermanshah province. A private room in the burn unit was used to interview self-immolated patients, their relatives, and medical staff. A few participants were interviewed in other private locations (e.g., private office of psychiatrists; patients' homes after discharge).

2.3. Study participants and data collection

Our sampling followed grounded theory approach and proceeded in two steps [38]. First, we implemented purposeful sampling to provide maximum diversity in participant selection. We sought individuals with intimate personal experience of self-immolation, including those who had attempted and survived self-immolation themselves as well as both close relatives of patients who had self-immolated and the medical

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