

Family and Social Stigma: The Association between Lived Experiences and Suicidality

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Abstract:

Framed under interpretive phenomenological approach, this study investigated about the role of family in stigmatizing individuals leading to suicide attempts. This study was conducted in Dir Lower, Chitral Lower and Chitral Upper, Khyber Pakhtunkhwa, Pakistan. A total of 17 participants were interviewed whereby the sampling was purposive and size was determined through saturation point technique. Findings are extracted through thematic analysis technique as suggested by Braun and Clark (2006). It is concluded that family is an important source of stigmatizing individuals (its own members) that is associated with developing suicidal behavior leading to suicide attempts. The experiences of confronting social stigma within family are variable whereby stress, feelings of negation and rejection, shame and guilt are few notable experiences. The reasons of family being the culprit of stigmatizing individuals primarily includes disagreements on decisions related to marriage, unemployment and not meeting the expectations of the family such as educational failure.

Background of the Study

Suicide as a social problem existed throughout the human history; however, it is relative in context of rates, causes and consequences. A key dimension of suicidality is framing it under different perspectives, for example, the personal, psychological, and socio-cultural dimensions. Sociologically, suicide is a social phenomenon whereby classical and contemporary theorists have emphasized it by seeing it through the lens of sociological imagination (Macionis, 2012; Khan, Naz, Khan and Ahmad, 2017). The issue of become more significant as Tsarenko, Bundzelova and Olah (2022) asserts that health related aspects are exacerbated by the current pandemic, and therefore, there is need of intensified focus over it.

Family is a universal social institution whereby structural functionalist; conflict theorists and symbolic interactionists view it differently. Each of these perspectives can be applied to family to explain it as a root cause of suicide and related behaviors. For example, dysfunctional family is culprit developing suicidality among individuals; inequalities and alienation in society are responsible increasing suicide and related behaviors; and, from symbolic interactionist perspective defective socialization, interaction patterns among the family members and other micro level attributes contribute to suicidality (Khan, Naz, Khan, and Ahmad, 2017). the importance of family while studying suicide is evident from the work of Brent (1995) who attributed suicide more to a familial. Gehlot and Nathawat, (1983) are of the opinion that the family unit is the single most important factor in understanding suicide.

Decades ago, Krauss & Tesser (1971) stated that social interaction is significant in terms of suicide and related behaviors. For example, if people are disappointedly unsuccessful in their social interaction, they become socially confused and frustrated leading to an increased risk of suicide and related behaviors. Several theories are prominent in this perspective suggesting that how the nature of normal social interactions such as reciprocity, interpersonal role conflicts and interpersonal frustrations may correlate with suicide (Maskill *et al.*, 2005). At macro level, the possible outcomes of confused and unsuccessful social relations are domestic violence, drug use, marital

problems i.e., divorce, and even wars that are important empirical indicators for suicide (Naroll, 1965; Krauss and Krauss, 1971) whereas at micro level Khan *et al.*, (2017) found that familial issues such as hostility, quarrelling, scapegoating, verbal and physical abuse, separation, marital issues and persistent tension at home leads to suicidal behavior. (Agerbo *et al.*, 2002), Qin *et al.*, (2000), Goldsmith (2002) and DeFrain, Brand, Friesen & Swanson (2008) illustrates that quality of parent-children relationship including components such as parental support, frequency and pattern of interaction, agreements and disagreements among parents and children and parenthood are important aspect of social interaction in the family which are important attributes regarding suicidality.

Objective of the Study

This work focuses upon the role of family in stigmatizing individuals and its role in suicide attempts.

Research Questions

- How individuals attribute the act of suicide attempt to their family?
- What are the experiences of individuals with families in terms of confronting stigma in family associated with suicide attempt?
- What are the causes of social stigma within family leading to suicide attempt?

Methodology

This study is framed under exploratory qualitative research design. Sample/participant selection was purposive. The purposeful criteria included a) an individual aging 18 years and above b) an individual who attempted suicide and survived c) The means and method of attempt must also be considered on the basis of its lethality such as use of firearms, taking drugs (lethal dose), taking insecticides and pesticides intentionally, burning oneself, jumping into a river etc. Sample size was determined through saturation point technique whereby 17 participants were interviewed. Suicide and related behaviors are one of the sensitive issues whereby identification and the interview process often become complicated. For this purpose, key informants (friends, nurses, and doctors) were used to access such individuals. An interview guide was used to collect data

from the participants. Thematic analysis technique as per Braun and Clark (2006) has been used to analyze the data using NVIVO 12 pro. The guidelines provided by American Psychological Association (APA) were followed specifically consent, anonymity and confidentiality are very important ethics in context of the current research.

Data Analysis

Three themes and three sub themes were extracted from the interviews conducted. The themes are as follows:

Theme One: Attributing Suicide to Family

Social stigma and labelling leads to many problems in the lives of individuals and social groups who confront it. There is evidence that suicidal ideations are higher among individuals who confronts social stigma. For example, Nathan and Nathan (2020) explicates that many of the people find their families as responsible for situations leading to their decision of attempting a suicide. In this regard, few extracts from the participant interviews are mentioned who asserted that family is the major cause of their decision of attempting a suicide.

"...with any doubt, I attribute my familial environment to be the root cause of the situation that compelled me to attempt a suicide..." (Transcript-1-PhD)

"...As you ask so there is no single thing in my family due to which I can send it I attempted this suicide rather there are bulk of issues which led to the situation of for example first the behavior of my parents specifically my mother..." (Transcript-12-PhD)

"...Yes, without any doubt I can tell you that my family is responsible for my situation. Not only they made so stressful to commit a suicide rather they are rejecting at the moment. I just don't want to live with them..." (Transcript-17-PhD)

Theme Two: Confronting Social Stigma and Experiencing Labelling in Family

Family is a significant dimension of social life, and social stigma is also a concept that is specific to social interaction. Individuals face social stigma in different spheres of life such as in family, in educational institutes and interacting

within communities. Social stigma carries different meanings and individuals share different experiences of it by facing it in different spheres of social life. The social stigma faced by individuals from their own family members is a unique experience. These experiences are explained by the participants in the following words:

"...My mother's behavior was problematic, I think. For example, whenever she interacted with my aunts, she used to say negative things about me..." (Transcript-1-PhD)

"...from childhood, my father used to call me by different names. I remember that my uncle once told my father to not call me names in front of others. It was when I was about 13 years old..." (Transcript-2-PhD)

"...On that day he abused me (verbally) for the first time, and told me to come in front of him. I became brave enough to commit it when my brother slapped me on my face and abused me..." (Transcript-4-PhD)

"...my father scolded me a little and told me that the way he spends so much on me, I did not get such good marks. So, the first thing was about money, that they mentioned money, that I was getting money. In 10th class I was always under tension that if I was spending so much then my marks should be higher..." (Transcript-7-PhD)

"...it was like an ignorance from my family. The anger from the parents' feels very bad. It was like hate from them and no one likes to be hated by their parents. They discussed bad things about me which I heard many times..." (Transcript-15-PhD)

Theme Three: Root Causes of Social Stigma and Labelling

Social stigma and labelling have many root causes at different levels such as communities facing stigma and an individual facing stigma. The causes across macro and micro level social stigma are highly variable.

Sub-theme One: Disagreements, social stigma, labelling and suicide attempt

It is a fact that individuals have their own choices as supported by Macionis (2012) by theorizing that in the modern world the individuals are more interested in their choices instead of communal and familial demands.

Disagreement is an important dimension of social interaction. Disagreements can have variable consequences for individuals, for example, it may end in resolution of something and even may lead to conflicts. Love failure is one of the significant life events that are one of the important stressors compelling youth towards suicide. In this context, a study conducted by Kumar and his colleague concludes that 12% of young adults attempts suicide due to failure in love and broken engagement (Kumar and George, 2012). Further, according to Samaritans (2012) breakdown in intimate relations is an important cause of suicide in England and Ireland. Similarly, social stigma has been found to be one of the outcomes of familial disagreements as stated by the participants. Some of the extracts from interviews are mentioned as below to illustrate that how disagreements led to stigmatizing individuals.

"..It was just like I opted to decide about my personal life instead of accepting a familial decision..."(Transcript-1-PhD)

"..The main reason for my suicide attempt is my mother, father and my brother. They wanted me to marry one of my brother's friends, while I had a crush on another boy from my college days. And I wanted to marry him, and that boy also wanted to marry me..."(Transcript-13-PhD)

"..I was interested in taking admission in pharmacy at a university; however, my father wasn't happy with it. So, I decided to improve and try next year..."(Transcript-7-PhD)

Sub-theme Two: Educational Expectations, social stigma, labelling and suicide attempt

Education and employment are two important components of familial life in modern societies. Family as an institution has significant focus over provision of formal education to children, and later expects returns from them in the form of social and economic support (Maskell *et al.*, 2005). Families having high expectations from children makes their children vulnerable to suicide because failure leads to low self-esteem and feelings of inferiority (Grob, 1983). Lester and Yang (1997) correlated suicide rates with level of education and found significant correlation in case of higher expectations. high in those who are highly educated. Similarly, few extracts from the interviews are:

"...he started a discussion with close relatives that I wasted money on getting education. It would have been better if I was sent to Saudi or Dubai as the uneducated people do. So, they had expectations from me to get a government job as they invested in my education..."(Transcript-3-PhD)

"...The only explanation is that they got angrier and when they were at home, we could not even talk properly in front of him. He paid special attention to my education and because of that I was often under pressure..."(Transcript-7-PhD)

Sub-theme three: Unemployment and Social Stigma and Labelling

Unemployment is one of the major social problems in Pakistani society, and individuals with higher education are even unable to find even low skilled jobs as compared to their educational qualification. In addition, unemployment among men in general is associated with higher levels of stress leading to suicidal behaviors (Walsh and Walsh, 2011). For three of the participants unemployment resulted in social stigma that further was associated with the act of suicide attempt. In this regard, few extracts from the interviews are:

".. So, unemployment and searching for work and not having money and these sorts of things are part of our daily life at family level. I can say that we are poor. It becomes more difficult when family members start to blame you for the situation of the family and tell you that you are not a hard worker. So, if I am not given a good education and my family doesn't care for me. When I was growing up, how could they tell me that I am the one due to which the family is suffering from poverty..." (Transcript-12-PhD)

"..And you know, in this society, people expect from you. It's like, you know, when you get your degree, when you are doing PhD, and you are walking down a street in your village. So, a person will come in and suddenly you will ask, how are you? What about your job? So, it's like difficult..." (Transcript-9-PhD)

Discussion

Family as an important factor in their act of suicide attempt, for example, familial environment such as persistent tensions, the behavior of

family members such as parents and lack of interest in understanding an individual's emotions as supported by Khan et al., (2017) and Mathew et al., (2021).

There are numerous dimensions of social stigma confronted by the participants in the family. For example, participants confronted social stigma in the form of negative discussions within and with relatives leading to suicidality as supported by Van der Sanden et al., (2016). Blaming has been found as an important attribute of social stigma confronted by the participants within their families. The blaming has been found associated with drug use and brings shame to the family as supported by Shah et al., (2020). Name calling is an obvious form of social stigma that specifically is labelling. This experience has been shared by the participants in the form of calling them with bad names resulting from disagreements and their mental status. The work of Rose et al., (2007) is relevant in this regard. One form of stigma is in shape considering the participants responsible for bringing shame to the family that is argued by Koschorke et al., (2017) as well.

The impact of the stigma has been described by the participants in varying manner. For example, some participants named it as a difficult experience and oppression while others explained it as negation, rejection, and mixed emotions as supported by Nxumalo and Mchunu (2017) and Mathews et al., (2021). One common aspect of the impact of stigma is trauma (post traumatic stress disorder or PTSD) which defined by Dr-gova, Suvada and Olah et al., (2022) as an outcome of stressful life event.

It is extracted that there are 3 main areas of disagreements within family leading to social stigma. The first one is disagreement regarding marriages whereby the participants decided about their life instead of accepting familial decisions. The second one is about educational decision, for example, parental pressure and demands to follow the orders whereas the participants wanted to do something else. The third one is the decision of work and employment. These three indicators led to stigmatization of participants in the form of name calling, calling them disobedient and disrespectful and even leading to lack of support from the family. The outcome of this sort of stigma for the participants was feeling of nega-

tion and rejection leading to stress. Kohli et al., (2014) supports these findings.

It is extracted that parents tend to stigmatize the children in case they don't meet what they expect (such high marks in exams) leading to negation, rejection and stigma. It is the negation, rejection and stigma that leads to situational anger or reaction and chronic stress that is associated with suicidality as supported by Harrell (2021) and Asif (2021).

Conclusion

It is concluded that family is an important source of stigmatizing individuals (its own members) that is associated with developing suicidal behavior leading to suicide attempts. Labelling, name calling, negation and behavioral changes are the key means of stigmatizing family members. Parents and elders in the family are the ones who stigmatized the younger ones. The experiences of confronting social stigma within family is variable whereby stress, feelings of negation and rejection, shame and guilt are few notable experiences. These experiences are key indicators for suicidality among young people. The reasons of family being the culprit of stigmatizing individuals primarily includes disagreements on decisions related to marriage, unemployment and not meeting the expectations of the family such as educational failure. Mental health is affected by confronting social stigma in family leading to suicide attempts.

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