DOI: http://dx.doi.org/10.22122/ijbmc.v10i2.262 Published by Vesnu Publications

International Journal of Body, Mind and Culture

Predicting Suicidality in Patients Attempting Suicide Based on Narrative Psychology Findings

Seyed Hamzeh Seddigh

Department of Psychiatry, Faculty of Medicine, Hormozgan University of Medical Sciences, Bandar Abbas, Iran

Corresponding Author: Seyed Hamzeh Seddigh; *Department of Psychiatry, Faculty of Medicine, Hormozgan University of Medical Sciences, Bandar Abbas, Iran*

Email: dr.seddigh@gmail.com

Qualitative Study

Abstract

Background: The present research was conducted with the aim to predict suicidality in patients attempting suicide based on narrative psychology findings.

Methods: The present qualitative study is a descriptive phenomenology research done to clarify and analyze the experiences of patients who had attempted suicide in 2020. The statistical population included all male and female patients hospitalized in all medical centers of Tehran, Iran, due to suicide attempt. The objective-oriented method was used for sampling. The semi-structured interview (in an individual and face-to-face manner) was selected as the central approach to data collection.

Results: After interviewing 13 individuals, the different elements related to the research goal were extracted. By analyzing the object-relational data of the research, the 3 elements of traditional gender patterns (patriarchy, dogmatism, and domestic violence), deprivation, and labeling were extracted.

Conclusion: It can be concluded that traditional gender patterns (patriarchy, dogmatism, and domestic violence), deprivation, and labeling were the most prevalent reasons for suicide in these patients. Therefore, suicide can be reduced in society through interventions and provision of appropriate educational programs according to the culture of each district.

Keywords: Suicide; Psychiatry; Narrative psychology; Qualitative

Citation: Seddigh SH. **Predicting Suicidality in Patients Attempting Suicide Based on Narrative Psychology Findings.** Int J Body Mind Culture 2023; 10(2): 167-75.

Received: 15 Dec. 2021

Accepted: 03 Dec. 2022

Introduction

Suicide can be defined as a conscious measure taken to kill oneself in order to influence others, and free oneself of mental pressure and problems that may lead to death or recovery. Suicide is considered as one of the first 10 reasons for mortality around the world (Fassberg et al., 2012). Furthermore, it is regarded as a big problem for countries (Brener, Krug, & Simon, 2000; Swahn, Palmier, Kasirye, & Yao, 2012) and imposes heavy costs on communities (Clayton & Barcel, 1999). The patterns and causes of suicide differ among countries, in such a way that the domain of successful suicide in Nigeria (less than 0.4 in 100 thousand) is different from that in Switzerland (more than 22,7 in 100 thousand) (La Harpe 1995). Studies have revealed that stressful social events are one of the main reasons for suicide in developing countries (Vijayakumar, John, Pirkis, & Whiteford, 2005). These social events can be different from one country to another due to cultural differences (Vijayakumar, Nagaraj, Pirkis, & Whiteford, 2005). Suicide can be the result of the intricate interaction of medical-social and familial factors. Social variations such as familial instability, marital disagreements, divorce, poverty, and unemployment can be the cause of suicide. Previous studies have revealed that the causes of suicide are different and can be categorized into 3 groups of mental diseases, social issues, and physical problems (Fassberg et al., 2012). Many different reasons can be expressed for each group. In the social domain, problems such as familial and economic problems, educational failure, marital problems between spouses, and emotional issues in the relationship with the opposite sex in the youth have been recognized. It is estimated that each time one person commits suicide, the risk of successful suicide is increased (Khazaei & Parvizifard, 2003; Baca-Garcia et al., 2011). Therefore, knowledge about the factors related to such measures and the expression of research hypotheses is of special importance in the prevention of future commitments.

Suicide is regarded as a public health problem in our country and there is no system for its regular recording and care; therefore, the collection of results of observational studies done during previous years is of special importance for obtaining an integrated result and better recognition and formulation of hypotheses in case of suicide attempt results in the country. Furthermore, there is no valid statistics of the amount of influence of social problems on suicide (Fassberg et al., 2012).

Suicide epidemiology in the world: Every year, about 800 thousand people die due to suicide around the world, a third of whom are young (van der Feltz-Cornelis et al., 2011). The prevalence of suicidal thoughts among the public has been reported to be 2-15%. Furthermore, 10-20 suicide attempts occur in every case of suicide (Hintikka, Pesonen, Saarinen, Tanskanen, Lehtonen, & Viinamaki, 2001). Suicide is the second cause of death in the 15-29 years age group. Furthermore, it is considered the second cause of death in women of 15-19 years of age. The statistics of suicide in men and women are, respectively, 13.7 and 7.5 individuals in every 100 thousand people around the world. Suicide is still regarded as one of the fundamental issues in developed countries, as 79% of total suicides committed in the world occur in developing countries. However, suicide prevention is of less priority and importance in these countries. Moreover, 1.5% of diseases in the world are related to suicide (Fassberg et al., 2012).

The economic costs imposed on governments as a result of suicide are high. Studies performed in Ireland and Scotland reveal that every committed suicide has an average cost of 1.5 million euros (Windfuhr & Kapur, 2011; Rezaeian, 2013). It is due to these factors that suicide is considered to be a public health concern around

the world and require the formulation of efficient coping strategies (Windfuhr & Kapur, 2011; Rezaeian, 2013).

Suicide epidemiology in Iran: Although the rate of suicide in Iran is lower than in most western countries, it is higher than that in the other Middle Eastern countries and it has considerably increased in the past three decades. The prevalence of suicide attempts in Iran under the influence of cultural and regional factors varies from 16.8 in 100 thousand to 117.8 in 100 thousand individuals, respectively, in the south and north of the country (Khadem Rezaiyan et al., 2017). The greatest number of suicide cases in Iran is observed in the west of the country. Moreover, its rate is higher in women than men, but, in some provinces, it is higher in men in comparison to women. The statistic of suicide attempts among Iranian academic students as the young and dynamic generation of the society varies from 1.8 to 3.5% (Bakhtar & Rezaeian, 2017). Concerning the studies of the authors of the present study, unfortunately, there is no exact and reliable statistic on Suicide attempts in Iran.

Epidemiologic studies are indicative of relationships between the number of suicides and factors such as age, sex, economic condition, and marital status (Hajivandi, Akbarzadeh, & Janghorbani, 2014). Undoubtedly, knowledge about the risk factors in every stage of suicide is required to formulate a prevention strategy.

The risk factors of suicide are:

Age: Generally, individuals are considerably more exposed to suicide attempts at the beginning of their adulthood and youth (Nojomi, Malakouti, Bolhari, & Poshtmashhadi, 2007; Windfuhr & Kapur, 2011).

Sex: The rate of suicide is higher in men in comparison to women around the world, but it varies in different countries and even different regions (Windfuhr & Kapur, 2011).

Marital status and having a child: In some countries, the rate of suicide is higher in single, divorced, and widowed individuals compared to married individuals. Having a child is a protective factor against suicide, especially among women (Windfuhr & Kapur, 2011).

Socioeconomic, and cultural factors: Unemployment, low income, addiction, alcohol abuse, and sexual abuse are risk factors of suicide (Hafezi & Akbari, 2011).

Religious and moral factors: Nihilism and non-adherence to religious decrees are considered as suicide risk factors. Generally, the rate of suicide is lower in Islamic countries compared to western countries (Jayervand, 2018).

Immigration: The available evidence is indicative of a higher rate of suicide among immigrants. Of course, the immigration condition plays an important role in the level of risk of this factor (Donath, Bergmann, Kliem, Hillemacher, Baier, 2019).

Psychological reasons: Based on previous studies, the lack of problem-solving thought, stress, and lack of optimal social, familial, and emotional support, lack of familial consistency, conflicts, and familial disagreements are considered to be suicide risk factors (Windfuhr & Kapur, 2011).

Seasonal and temperature factors: The rate of suicide is higher in spring and summer compared to the other seasons (Windfuhr & Kapur, 2011).

Mental diseases: Depression, bipolar disorders, schizophrenia, personality disorders, and impulsivity are regarded as risk factors of suicide (Windfuhr & Kapur, 2011).

Physical health status: Cancers and refractory diseases double the risk of suicide (Windfuhr & Kapur, 2011).

Biological factors: Previous studies have revealed that the genes related to the production and absorption of serotonin are effective in the emergence of suicidal

thoughts (Windfuhr & Kapur, 2011).

Political-martial factors: A suicidal individual may damage others by killing him/herself. Therefore, some political and martial purposes can be regarded as suicide risk factors (Windfuhr & Kapur, 2011).

Media: If the media do not use appropriate reporting instructions, the manner of picturing suicide may have negative effects and lead to a contagion of suicide or imitation of suicide.

Methods

The present research applied a qualitative method. Based on grounded theory, the population included women who had attempted suicide and their families and relatives in Tehran, Iran. In grounded theory, the theoretical saturation determines the sample volume. In addition, sampling continues as long as no new characteristic appears, in other words, no new concept is observed in the data collection. Furthermore, purposive sampling, theoretical sampling, and snowball methods were applied. Theoretical saturation was achieved after interviewing 20 individuals (10 persons who had succeeded in attempting suicide and 10 persons who had not succeeded in attempting suicide). The techniques used in this research included semi-standard interviews, key informants, verbal history, and documents. In grounded theory, the analysis includes open coding, axial coding, and selective coding. To obtain the reliability criteria (known as validity in quantitative studies), the following popular techniques were used:

1) Control or validation by members: In this method, the participants were asked to evaluate the general findings and confirm or reject them.

2) Analytic comparisons: In this method, the raw data were used to compare and evaluate the structuring of the theory with the raw data.

3) Use of opinions of three experts of grounded theory in the different stages of coding, and conceptualization and extraction of elements. In this study, Tehran was regarded as the scope of data collection.

Semi-structured interviews (in an individual and face-to-face manner) were selected as the central approach to data collection. The study inclusion criteria included attempting suicide, minimum age of 20 years and maximum age of 50 years, and the ability to communicate appropriately. For the collection of real and reliable data, the 3 approaches of semi-structured deep interviews, descriptive writings, and participants' diaries or life stories and notes taken in the field were applied. The number of sessions and time of interviewing each participant differed based on the condition of each participant. Interview sessions depended on time of the session, tolerance, and ability of individuals (their physical and mental status). In this process, all interviews were recorded based on primary agreement. The researcher did the validity interviews during the summer of 2020. The interviews lasted 45 to 60 minutes and the participant's voice was recorded with their agreement. Then, they were transcribed verbatim.

Results

One of the main goals of the present research was to identify the factors effective on suicide attempts among the citizens of Tehran city. After interviewing 13 participants, the researcher obtained different elements related to the research goal. Through analyzing the objective data of the research, the 3 elements of

traditional gender patterns (patriarchy and dogmatism, and familial violence), deprivation, and labeling were extracted. These 3 elements were taken into account in the case of one of the main goals of the research, which was to identify the factors effective on suicide attempts among the citizens of Tehran city.

In the following section, the 4 mentioned themes are described and analyzed based on interviews with individuals who had committed suicide in recent years.

Patriarchy and dogmatism: This means that the men gradually create a culture that esteems the men and reproves the women. The violence against women in recent years can be indicative of this culture.

In this regard, Fatemeh said: "My father and brother continuously controlled me, while they knew that I did not have a boyfriend. Anywhere I went, I thought about returning home and having to explain where I had been. They did not trust me and sometimes they sent my smaller brother with me. I am 25, but they selected how I dressed. They even selected my friends. My poor mom! She could not do anything! She always said to me: do not say anything! It is okay. How long did this situation continue? The condition is still the same."

Ma'soumeh was 36. She stated: "My husband's family always interfered in my life. They lived in the apartment below us. I had to get permission from my father-in-law to go shopping. My husband had inherited this characteristic from his father. He even controlled my cell phone. I had to explain if anybody called me. He always picked my dresses. I have a B.A. and I found a job, but he would not allow me to work. I had no hope of returning to my parental home, since my brother is an addict and behaves even worse."

Familial violence and social isolation: The individual who enjoys physical, emotional, financial, and social authority can use this authority to compel others to act in a specific manner, even if the intended person disagrees, and this might involve physical punishment.

A participant stated: "I am Mehran Hesami. I am 29 and married. I have a 5-year-old boy. From the beginning of my marital life, I had some moral and personality conflicts with my wife. Our disputes were not limited to our house, and sometimes, they were settled with the mediation of the neighbors. Despite tolerating the other problems, I could not endure her abusive language and decided to get a divorce."

Tuba is 33. She said: "I got married 12 years ago. From the beginning, I tolerated abusive language from my husband's family. He did not behave in this way at the beginning, but his family misled him, and I had to listen to his abusive language every night. He beat me for something his sister said that was not true. I thought my hand was broken. I could not bear this situation, he never understood me. Despite his threats, I wanted a divorce, but my family disagreed. They always told me: Bear for the sake of your children. He married another woman and this motivated me to attempt suicide. Now, the situation is worse.

Economic and financial deprivation or dependence: Aggressive behavior is a remedial behavior is used against deprivations. This behavior is related to the thoughts of demerit and non-efficiency related to the inferiority complex. The restricted and unequal access to business opportunities and employment which appear in the form of unemployment and short-term employment are significant reasons for the housewife's economic poverty.

In this regard, Tahereh said: "I am 28. It has been almost 3 years since I graduated from university, despite the insufficient financial status of my family. I had hoped to be employed. I looked for a job for 2 years, but I could not find a job. I had no good

suitor. I felt that I am living off my family and poor hard-working father.

Social hallmarks: This means to label a group as something which leads to individuals' negative attitude toward that group, their degradation, and discrimination against them. Labeling someone with such adjectives results in his/her embarrassment. According to Levi-Belz, Dichter, & Zerach, (2022), the labeling can be considered as the result of structures (values and norms).

Hajar is 55 years old. She is married. She stated: "I have 6 sons. None of them grew up as I wanted. They hang out with the wrong crowd. They sometimes bring them home. Their old father cannot prevent them. The neighbors always tell me sarcastically that my sons are the offender. I cannot change their characters."

The social hallmarks related to addiction play an important role in the individuals' tendency to suicide. Ali Khalili, 22 years old, said: "Permanent violence and addiction caused my 14-year-old brother to commit suicide."

Love failure and mental and psychological problems: Mental states such as disappointment, lack of sense of pleasure in life, love failure, lack of ability to solve the problem, and weak control of tendencies increase the risk of suicide.

Mohammad Mirseyyedi, a 24-year-old single man, talks about his suicide attempt: "When I was an M.A. student, I became familiar with my classmate. We were going to marry. I wanted to request permission from her family to marry her, but my beloved became familiar with other boys and left me alone. As I could not marry my beloved, I felt the absurdity and insanity in my life. So, I decided to commit suicide, although I still have an inappropriate condition."

Intergenerational conflicts: Inter-generational conflicts refer to disputes among family members which play an important role in different generations' suicide attempts. These conflicts occur due to cultural differences and different expectations of generations in one or more families, and ultimately result in behavioral reactions, depression, or suicide of the individual who has been made isolated and alone due to these conflicts. For instance, a middle-aged man, who had attempted suicide by hanging, said:

"My brother was a traditional musician (lover). His grandson is 18 years old. He works on the stepped ceiling. He recently got engaged with a student girl. My brother disagreed with this marriage. The girl did not respect many things and this caused much tension in my brother's home. My brother was compelled to sell his house so that they could become independent. Yesterday, after severe conflicts, my brother committed suicide."

The researcher's findings reveal that differences between family members in terms of attitude toward values and norms are the main reason for their inability to communicate with each other.

Extracted general concepts and elements of suicide are presented in Table 1.

Discussion

Suicide is a social phenomenon rather than an individual one and it depends considerably on the external. Indeed, factors such as familial and social structures and cultural conditions are more effective in suicide than individual elements. According to the research results, individual who attempt suicide have experienced different types of social rejection in their life.

Table 1. Extracted general concepts and elements

Core elements	Elements	Main concepts	Concepts
Social rejection	Normative pressure	Familial violence and social isolation	Disagreement between the parents, abusive language, naturalness of conflict in the family, family's inappropriate behavior, the experience of violence, threat, relatives' improper behavior, desecration of the individual in public, family's ignorance, and divorce
	Normative pressure	Dogmatism	Severe control, lack of trust, selection of friends by parents, family pressure, external control, family and relatives' accusations, and improper austerity in the family
	Frustrated individuality	Love failure and emotional problems	Lack of fulfillment of interests and expectations, digression, love failure, ignorance, and sense of absurdity
	Normative pressure	Inter-generational conflicts	The difference in attitudes toward the different norms and values, the difference in education level, and existence of different emotions in different generations
	Structural pressure	Social hallmarks	The wrong crowd, being an offender, addiction, caving in conditions, and unfulfilled desires and expectations
	Structural pressure	Economic dependence and deprivation	Financial poverty, lack of occupational opportunities, inability to provide life costs, loss of job, and lack of income

One of the most important dimensions of social rejection to which the participants have referred in the interviews is the experience of relational disorder in a family environment that has led to familial disconnect and rejection by supporting networks. The ignorance of young people and their flexible and contingent demands in the framework of informal norms, the young's embarrassment in the case of disagreement, and the weakness of formal integrative structures in the provision of occupational opportunities, social relations, and social participation for the youth are the other dimensions of social rejection. The existence of traditional and livelihood limitations and lack of opportunities for the young people's self-assertion are indicative of the experience of social rejection in those attempting suicide in Tehran city. In such conditions, the individuals argue that they resort to suicide in order to reject the social and cultural structures. These study results are consistent with the findings of Fassberg, et al (2012).

Improper or real labeling, such as being an addict of an offender, is another dimension of social rejection. Dogmatism, patriarchy, and inter-generational conflicts can be regarded as radical factors in suicide by the sense of social rejection.

Accordingly, on the one hand, this phenomenon is a social and historical construct, and on the other hand, this social construct itself as a social reality has specific dogmatisms, which affect different dimensions of society and the life of district inhabitants.

Generally, it can be concluded that marital and familial conflicts among the individuals attempting suicide are regarded as important stressors, and this indicates that the more the familial disorders, the higher the probability of suicide will be. Therefore, the education of living skills with emphasis on training problem-solving, recognition, and scientific interference can be effective in solving marital and familial problems. The results revealed that most individuals who had attempted suicide were less than 30 years of age and familial conflicts, such as disagreement with the spouse, and the young and teenagers' conflict with their

parents, were the most prevalent reasons for suicide. Therefore, families should pay special attention to familial conflicts and problems in order to prevent suicide, since the family as a cultural entity plays an important role in the prevention of sensitive issues of the individual in the future. Families and educators should pay attention to children's and teenagers' behaviors meticulously and respectfully, and should not ignore their exclusivity and insouciance. If necessary, they should gain help from consulting centers.

Furthermore, it is suggested that further studies be conducted for the exact scientific investigation of factors related to people's tendency toward suicide so that health authorities and social institutes can institutionalize suicide prevention methods by planning and formulating coping strategies such as moderating patients and improvement of consulting, educational, welfare, and social services, improvement of familial and social upbringing, and improvement of faith power in the society.

Conclusion

It can be concluded that traditional gender patterns (patriarchy, dogmatism, and domestic violence), deprivation, and labeling are the most prevalent reasons for suicide attempts. Therefore, they can be reduced in society through intervention and preparation of appropriate educational programs with the consideration of the culture of each region.

Conflict of Interests

Authors have no conflict of interests.

Acknowledgments

We are grateful to all the participants in this research. .

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