

Experiences of Adolescent Suicide Attempters and their Parents in Isfahan, Iran: A Phenomenological Study

Abstract

Background: The number of suicide attempts has increasingly grown over the last few years. Describing and stating the experiences suicide attempters have undergone and the consequences of such actions is of significant importance. Hence, this study was performed to uncover and communicate the experiences of young suicide attempters and their parents through a qualitative method and with a phenomenological approach. **Materials and Methods:** This study was conducted based on the descriptive phenomenological method. The data collection method was an in-depth, semi-structured interview, and 8 adolescents and 8 parents were interviewed. The collected data were then analyzed using Colaizzi's method. **Results:** As a result of scrutinizing the data through Colaizzi's analysis, 14 subthemes and 4 main themes (helplessness and feeling unsupported, poor self-esteem, generation gaps, and negative emotions and inappropriate emotional reactions) were derived. The lived experiences of adolescent suicide attempters and their parents indicate that suicide is a complex, painful, and bitter ordeal, and comprehending all of its aspects is not feasible and is hardly achievable. **Conclusions:** The findings show that the adolescents were suffering from undesirable and irritating emotional experiences and agitation arising from different factors such as problematic and unsupportive emotional relationships inside and outside the family, generation gap, and losing control of negative emotions.

Keywords: Adolescents, Colaizzi's method, phenomenology, suicide attempt

Introduction

Suicide is a major universal problem in public health that occurs throughout life.^[1] In many countries, especially developed countries, suicide is a social and mental health issue. It is one of the issues that have attracted considerable attention in primary and secondary care services.^[2] Suicide is one of the leading causes of death worldwide; the number of deaths due to suicide is more than malaria, breast cancer, war, and homicide.^[3] Approximately 800000 people die due to suicide annually. Globally, the largest proportion of suicide cases (79%) occur in low-income and middle-income countries which are inhabited by 84% of the world population.^[2] As suicide is a delicate matter and even illegal in some countries, the reported prevalence of cases is probably lower than the actual prevalence.^[4] Suicide attempts reach their peak in adolescence. The rate of mortality due to suicide constantly increases with age during this period, making it the third leading cause of death among those aged 10–24 years.^[4] The statistics show

that for every fatal suicide, there are between 100 and 500 unsuccessful suicide cases among the youth (15–24 years of age).^[5] It has been estimated that the prevalence of suicidal thoughts during adolescence is within the range of 12.1–9.20 percent.^[6] Most of the adolescents who die due to suicide (90%) are from low-income or middle-income countries. They constitute 90% of the global youth population.^[1] Suicidal thoughts are prevalent among adolescents in low-income and middle-income countries, especially girls aged 15–17 years.^[7] In Iran, the suicide rate is lower than that in Western countries and higher than that in Mediterranean countries.^[3] Iran has the highest growth in suicide rate among Islamic countries.^[8] Reducing suicide rates has been prioritized as a global target by the World Health Organization (WHO) and has been determined as an index of the United Nations' sustainable development goal.^[3] In the 66th World Health Assembly, the first psychotherapy program was approved in May 2013. Suicide prevention was an integral part of this program, in which a 10% decrease in the suicide rate was determined as a goal to be achieved by 2020.^[2]

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The most significant problem with suicide and suicide attempts is the ripple effect they have on many other people (e.g., the victim's family, friends, colleagues, and even society). Suicide is preventable, but its prevention is not simple.^[3] The factors contributing to suicide and suicide prevention are complex. Suicide is the result of a complex, dynamic, and unique interaction between multiple contributing factors when all of the individual's attempts to anticipate and prevent suicide led to failure.^[9]

Identifying the risk factors of suicide among the youth is of significant importance as it can contribute to developing effective interventions for reducing and preventing suicide attempts. Suicidal tendencies coupled with other exacerbating factors and negative emotions (such as a sense of inadequacy and communication problems) can lead to suicidal ideations or suicide attempts.^[10,11] Although many quantitative studies have examined suicide, these types of studies have failed to represent the lived experience of suicide. The phenomenological method is a reasonably efficient approach for a deep search into personal perceptions, lived experiences, and a deep cognizance of phenomena such as interactions, expectations, attitudes, and convictions. Adolescents, as well as their parents, can narrate their experiences of complex aspects of suicide far better than anybody else. This study was performed to uncover and communicate the experiences of young suicide attempters and their parents through a qualitative method and with a phenomenological approach.

Materials and Methods

This qualitative study was conducted to investigate the lived experiences of adolescent suicide attempters aged 12-19 years using the descriptive phenomenology method. This qualitative methodology was selected because it provides detailed information on the concept of suicide among adolescents and their parents. The descriptive phenomenological method obtains actual meanings by immersing in reality^[12] to reveal the hidden meanings of experiences.^[13] The objectives of phenomenology are a deeper understanding of people's daily experiences,^[14] and an understanding of a phenomenon that people consciously experience.^[15]

The researcher aims to understand people's experiences as they have experienced them. In other words, phenomenology aims to uncover the structure and essence of the lived experience of a phenomenon to achieve unity in meaning and correctly describe it. The explanation of the suicidal experience or lived experience that the adolescent offers enables the researcher to obtain an understanding of the (lived) experiences similar to the one they have experienced through describing them.^[14]

In this study, the data analysis was performed through Colaizzi's proposed model and based on the descriptive phenomenological method to acquire detailed information on adolescent suicide attempters' understanding of suicide as well as that of their parents. 1) According to the first step of Colaizzi's method, at

the end of every interview and when the fieldwork was finished, first, all the collected data were repeatedly listened to and recorded meticulously on paper. Then, the information that the interviews provided was studied a few times to comprehend the participant's emotions and experiences. 2) During the next step and after studying the descriptions given by the participants, the most important statements and meaningful information related to the given phenomena were underlined and the noteworthy statements were specified. 3) In the third step, which is about deriving formulated data after identifying the noteworthy statements for each clause, one concept indicating the main meaning and the essential part of the clause was extracted as thoroughly as possible. 4) After extracting the codes, classifying different formulated meanings into different groups was the fourth step. Based on this step, the formulated meanings were carefully studied and categorized based on their similarities. 5) In the fifth step, the results were merged into more general classes to attain a comprehensive description. 6) In the sixth step, a comprehensive description of suicide was presented. 7) In the final step, verification was performed by referring the conclusions to the participants and asking them questions about the findings.^[16]

Researchers need to avoid imposing their assumptions onto the data collection process or data structure.^[17,18] Bracketing was used to verify the collected data and preserve the reality of the phenomenon.^[18] First acquired a written authorization and recommendation from Isfahan University of Medical Sciences, Isfahan, Iran, and presented it to the international patient department of Khorshid Hospital, Isfahan. After selecting the participants, establishing an empathizing relationship with them, and restating the objective of the study, verbal informed consent was obtained for participating in the study and voice recording. The researcher fully introduced himself to the participants and explicitly explained the goals, the necessity, and the data collection method of the study. Then, after determining the time and place of the interview, he assured the participants that their information would remain confidential. Finally, he shared the information derived from the interviews with the participants. The sampling technique of this phenomenological study was purposive sampling. Therefore, 8 adolescents who had committed suicide in 2018 and were taken to the emergency department of Khorshid Hospital to seek emergency care were selected. Moreover, 8 parents who were willing to cooperate were chosen. Sampling was continued until data saturation was reached and was stopped When no new data was obtained. The inclusion criteria limited the Participants to young people hospitalized at Khorshid Hospital and parents who did not have speech impairments or hearing issues. The exclusion criteria included unwillingness to participate in the study, instability, and psychosis period during the hospitalization.

All the adolescents and their parents were interviewed 2 times. The second series of interviews were conducted to check the information with the participants and resolve any ambiguities in the previous talks. One-to-one, semi-structured,^[19] and

in-depth open-ended interviews were performed. The order of questions differed from one person to another and depended on the interview process and the individual's responses.^[19,20] The main and follow-up questions were posed to the individuals.^[20] At the beginning of the interview, one open-ended question was raised: "State your experiences about your or your child's suicide attempts or restate your reasons for suicide for me". Some exploratory questions like^[19] 'Could you give me an example, 'Do you mean that...?', 'When, why, and how, etc.', 'Would you elaborate?', or 'What do you mean by...' were also repeatedly asked to increase the depth of the interview.^[15,19] The interviews were carried out in one session or more, depending on the time and the patience of the interviewees. In the beginning, 20 people were interviewed. After verifying the data with the participants, 16 people were willing to continue. With the consideration of the exclusion criteria, the study continued with 16 individuals. Each interview lasted for a minimum of 45 minutes and maximum of 90 minutes, and 52 minutes on average. Among the 16 participants, there were 5 girls, 3 boys, 4 mothers, and 4 fathers. The age range of the adolescents and parents was 12–19 and 46–73 years, respectively. The interviews were recorded, and then immediately transcribed and coded so that they would receive the feedback required for assessing the sufficiency and saturation of the data. After that, the information was examined in terms of clarity. The statements were read and listened to several times, and the meaningful terms and sentences that described the phenomenon best in the author's opinion were excerpted. Through this method, some terms, sentences, or paragraphs were obtained and were then organized into various subthemes according to their similarity. Finally, after the authors were immersed in the interviews and read every interview many times, the themes were obtained. To examine the validity of the study, a relationship based on trust was established with the participants. All the themes were examined with the participants and all the interviews were given to the participants after any analysis for their opinion to verify the data and assess the validity of the study. The typed data were scrutinized with the help of the research team and some referees in various stages. The referees' recommendations and proposed amendments were used throughout the research. Furthermore, to achieve confirmability, all of the steps were documented thoroughly, and to determine the themes and examine the agreement between the themes and collected data, two experts were consulted.

Ethical considerations

This study was approved by the Research Ethics Committee of Isfahan University of Medical Sciences, Iran (IR.MUI.REC.1396.3.800). The ethical considerations in this study include obtaining informed consent from the participants, recording the interviews without mentioning their names on the soundtracks or in any written information, and maintaining the secrecy and confidentiality of their information.

Results

There were 5 young girls, 4 boys, 4 women, and 4 men in this study 2 of which, 1 girl and 1 boy, were about to marry; 1 of the girls had received her diploma, 1 boy had dropped out of the university, and the rest of them were school students. After analyzing the transcriptions, 188 meaning codes were obtained [Table 1]. By merging these codes, 14 subthemes [Table 2], and 4 main themes shared by the adolescents and their parents, including helplessness and feeling unsupported, poor self-esteem, generation gaps, and negative emotions and inappropriate emotional reactions [Table 3] were attained.

1- Helplessness and feeling unsupported

This theme is an indication of a lack of financial and emotional support and failure in fulfilling these needs and includes the three hypothetical themes of feeling lonely and abandoned, lacking financial support, and lacking emotional support.

a) Feeling lonely and abandoned

In most of the interviews, the participants stated that they had lost their friends and always felt lonely and abandoned. *"Throughout my life, I have lost all my friends; I am completely lonely."* (P1)

b) lacking financial support

In most of the interviews, the participants complained about the lack of financial support from their family members for their recreational activities and pursuing their interests. *"It has been 4 years since I first wanted to take painting courses. They say that it is unnecessary to spend money on it when we do not have enough money. This means that we have not had enough money for me to take painting courses for four years.... Since my childhood, we have been taking trips, but we have never gone to the theme park because it is a waste of money"*. (P2)

c) Lacking emotional support

Most of the participants' experiences indicated deprivation of emotional support. They often felt lonely and felt the lack of emotional support. They felt that no one attended to their needs or understood them. They felt they were unimportant to everyone in this world. *"It has been 12 years and she has not seen her mother; she never came to see her. She has never seen her mother"*. (P5- a parent)

"I have a father; but he is not available. I saw him last year and stayed with him for a while, but we are not in touch anymore. He ignored me, and then, forced me to leave". (P12)

2- Poor self-esteem

This theme includes the four subthemes of abuse, injured dignity, humiliation, and discrimination which signify the feeling of lacking worthiness and merit.

a) Abuse

Table 1: Some samples of the process of formulating meaning from significant statements

Significant statements	Formulated meaning
During my life, I have always lost my friends.	Loss of friends
No one is there for me; I am the loneliest person.	A sense of loneliness
I have been depressed for 5 years because of my mother's illness, and I had no one.	A sense of abandonment
The only thing that ruins me is my mother. She is my weakness. I do not have anyone other than her.	The mother is the only one in the child's life
It has been 4 years since I first wanted to take painting courses. They say that it is unnecessary to spend money on it when we do not have enough money. This means that we have not had enough money for me to take painting courses for 4 years.	Lack of financial support for their recreational activities and pursuing their interests
Since my childhood, we have been taking trips, but we have never gone to the theme park because it is a waste of money.	Lack of financial support for leisure time and necessary recreational activities
I need a charitable person to help me.	Soliciting financial support
I score zero in happiness and morale. I have no fun. I do not even have a good cell phone.	Feeling unhappy due to financial deprivation
Youngsters have fun by going out with their families and friends and doing sports.	Being separated from the mother
My mother's affection for me has lessened recently. I hardly ever see her.	Being deprived of motherly love
It has been 12 years and she has not seen her mother; she never came to see her. She has never seen her mother.	
My father works night shifts. I rarely see him.	Insufficient presence of the father
There is no intimacy in our family.	Lack of intimacy in the family

Table 2: A sample of creating the first theme: Helplessness and feeling unsupported

Main theme	Subthemes	Samples of the formulated meanings
Helplessness and feeling unsupported	Feeling lonely and abandoned	Loss of friends
		A sense of loneliness
		A sense of abandonment
	Lacking financial support	The mother is the only one in the child's life
		Lack of financial support for their recreational activities and pursuing their interests
		lack of financial support for leisure time and necessary recreational activities
		Soliciting financial support
		Feeling unhappy due to financial deprivation
	Lacking emotional support	Being separated from the mother
		Being deprived of motherly love
		Insufficient presence of the father
		Lack of intimacy in the family

Many participants had experienced abuse against themselves. Abusing adolescents includes all forms of mistreatment, i.e., physical, emotional, and negligent.

"To give you an example, her father had intended to kill her, so badly that I had to send her to the Welfare Organization". (P8)

"He asks us to buy something for him, and after he eats it, he starts screaming". (P10)

b) injured dignity

Most of the participants had experiences of being offended, being violently coerced to obey, being compared with their peers and other teenagers, being forbidden to express their

personal opinions and emotions, and being threatened and intimidated, and because of these bitter experiences they felt that their dignity had been injured. *"I heard vulgar words from my father". (P1)*

"I had another suicide attempt 6 months ago because of my mother, and her dictatorial behaviour". (P7)

c) Humiliation

Many participants spoke about the humiliation and insult. Experiencing humiliation deeply affected the young participants. *"After divorcing my father, my mother keeps picking on me. She Always Humiliates and insults me". (p7)*

d) Discrimination

Discrimination inside the family and caring about other children more than them was one of the negative experiences of the participants. *"If my mother gave me one-tenth of the attention she pays to Ali, I would be satisfied". (P2)*

3- Generation gaps

This theme was the result of the merging of the subthemes of perception of not being understood, being limited and controlled, and different wishes and beliefs.

a) The perception of not being understood

The young people participating in this study criticized their parents for not understanding them. They felt dejected because they could not make independent decisions and were discontented with the patronizing and patriarchal behaviors of their parents. *"Why did I make such a decision? No one understands me". (P12)*

"My daughter keeps saying 'I'm tired, I do not want to be here, you do not understand me'. This generation cannot

Table 3: Main themes and subthemes

Main themes	Subthemes
Helplessness and feeling unsupported	<ul style="list-style-type: none"> • Feeling lonely and abandoned • Lacking financial support • Lacking emotional support
Poor self-esteem	<ul style="list-style-type: none"> • Abuse • Injured dignity • Humiliation • Discrimination
Generation gaps	<ul style="list-style-type: none"> • The perception of not being understood • Being limited and controlled • Different wishes and beliefs
Negative emotions and inappropriate emotional reactions	<ul style="list-style-type: none"> • Hopelessness • Losing control • An intense feeling of guilt • Wrath and anger

stand being told what to do or what not to do. If you want to dictate your opinion to them and insist on it, it ends here". (P16- a parent)

b) Being limited and controlled

Most of the participants stated that their parents were restricting and directly supervising them. They were not able to endure that situation, and when they learned they were under the direct supervision of their parents, they felt that their privacy was violated, and therefore, reacted aggressively to them. *"Yesterday, there was a quarrel in our home and they took away my phone. I slept at night and when I woke up, my phone was not there". (P2)*

"What I have realized is that being overly controlling drives the child crazy. Restricting the child can hurt him/her just as much as giving him/her too much freedom. What youngsters want is different from what we want". (P16- a parent)

c) Different wishes and beliefs

One of the experiences of the participants was that their parents did not consider their present life situation. Parents refer to their generation and expect the child to behave accordingly. They dictate their own beliefs to their children. The parents did not pay any attention to the children's disposition and needs and did not trust them. They refused to allow the children to gradually exercise decision-making for their lives, education, and occupations after acquiring enough information. *"My dad is also like that; he wants me to stay home till someone marries me. It was a hundred years ago when girls stayed at home till someone came to get them. I believe the world has changed. They need to understand my wishes too". (P2)*

4- Negative emotions and inappropriate emotional reactions

This theme was the essence of the subthemes of hopelessness, losing control, an intense feeling of guilt, and wrath and anger.

a) Hopelessness

This state is signified by reduced hope, optimism, and enthusiasm.

The participants were mostly disappointed and did not anticipate improvement or a successful future. Because of this, they had lost their interest in important matters, activities, events, or people, and were unable to feel the value of the things they cared about in the past. The state of hopelessness was noticeable in the participants from the feelings of helplessness, detachment, enslavement, depression, and isolation. *"I feel hopeless, ... I get hopeless. Please God takes me from this life. I am sick of this life. Take me. I cannot go on living". (P4)*

b) Losing control

Adolescents have a distressing life because they are under pressure to become independent due to educational stress, peer pressure, new relationships, and responsibilities. They also encounter many difficulties and decisions they have to make on their way to adulthood, which can give rise to negative emotions. The adolescents participating in this study felt that everything was unmanageable. Thus, they felt they were incapable of managing and controlling their own emotions. As a result, they had sometimes shown inappropriate emotional reactions. *"I got to a point that I could not go on anymore. I did not want to take it; I did it on an impulse. I did not mean to take it, but all of a sudden I was on the verge of madness". (P2)*

c) An intense feeling of guilt

The participants felt regretful and remorseful for the impulsive actions they had committed as a result of the negative emotions they had been feeling. *"When he called and I heard his voice, I felt regretful". (P7)*

"I told my father that he was right and I acted wrong". (P13)

"I feel regretful that I am still alive, I want to take some more". (P14)

d) Wrath and anger

The participants mentioned their unexpected experiences of fury and the actions they had committed without thinking of the consequences of what they were doing. *"You suddenly lose it and do this stuff. You reach the end of the line. I just could not accept it nor stand it". (P9)*

"I could even beat myself up.... I even hit my nephew a few times although I love him so much. I stabbed someone in the hand. I always have a knife on me, so I can do something to myself in case I get furious...". (P15)

Discussion

Describing and stating the experiences of individuals who have attempted to take their own life as well as the

consequences of such actions is significantly important. Hence, this study aimed to express the experiences of adolescent (aged 12–19 years) suicide attempters of Isfahan and their parents' experiences using the descriptive phenomenological method. In this study, 4 major common themes, including helplessness and feeling unsupported, poor self-esteem, generation gaps, and negative emotions and inappropriate emotional reactions, were derived from data analysis. All the derived themes explain how adolescents and their parents experience suicide.

Helplessness and feeling unsupported, a theme describing feeling powerless in satisfying their needs, was felt by the participants to the extent that they were unable to take effective measures when encountering different life situations. One of the experiences of the participants was that they felt lonely as a result of having lost their friends. Spirito and Esposito-Smythers also found that interpersonal problems such as ended relationships, death of friends, and peer ostracism significantly contribute to suicide to the extent that one-fifth of these cases lead to suicide in the youth.^[21] The experiences of the participants indicate that they were neither financially nor emotionally supported, and they mostly felt deprived of financial and emotional support. Most of them felt that no one cared about their needs or understood them. Ahmadpanah *et al.*^[22] (2017) observed that the patients who had committed suicide were rated higher in the areas of unsuccessfulness, untrustworthiness, emotional deprivation, social isolation and loneliness, and instability in comparison to the other patients who had a level of self-control. A feeling of loneliness, lacking reciprocal care from loved ones, and a feeling of detachment might strengthen one's inclination toward death.^[23,24] Numerous studies have stated that the family in which adolescents live and grow is one of the most important supportive resources to rely on when they face challenges in their lives. Many risk factors in the structures and practices of the family are associated with suicidal behavior.^[25] The family's support can shield the child from suicidal thoughts and behavior. Dysfunctional family and low level of supervision is related to the concept of suicide.^[26] The odds that an adolescent commits self-harm are by far higher in families lacking a sense of togetherness and intimacy compared to more balanced families that have promoted family togetherness and are more accommodating.^[27] Moreover, families with low levels of flexibility (troubled) lack the proper structure to emotionally support their adolescents, which is also associated with self-harm behavior.^[28] Most of the participants claimed that they were not financially supported as much as necessary. They also believed that they did not matter to anyone. In a review study, Cuesta *et al.*^[29] concluded that one of the major suicide risk factors is low socio-economic level. Stone *et al.*^[30] discussed the necessity of establishing a comprehensive suicide prevention program to address the full range of suicide risk factors, and they also emphasized prevention strategies, including strengthening

economic supports (e.g., strengthening household financial security, housing stabilization policies, etc.).

One of the other derived themes was poor self-esteem. Most of the young participants experienced a sense of inadequacy and unworthiness. Self-esteem is a combination of self-respect and self-confidence. It means that the person believes that he or she has the required skills and capabilities for living and that they deserve to live this life.^[31] Thus, people with higher levels of self-esteem are less likely to perform actions that are not considered acceptable in society.^[11] Park (2017) studied the impact of depression, self-esteem, and social support on suicidal ideation among college students and reported a strong relationship between suicidal ideation and depression and self-esteem: the higher the students scored in depression, the lower their self-esteem and the higher their suicidal ideation levels. Examining the relationship between self-esteem and depression, many studies have proven that low self-esteem is a risk factor of depression, and can later lead to depression. This conclusion is in agreement with the relationship between self-esteem and suicidal ideation. Suicide attempts are considerably high among adolescents with low self-esteem.^[32] A study of low self-esteem and stressful life events significantly predict suicidal ideation.^[33] The results of previous studies indicate that bullying, and mental, physical, and sexual abuse are some of the other stressors related to suicide attempts in adolescents.^[34,35]

In the present study, most of the adolescents had undergone various types of abuse, all forms of mistreatment, physical violence, emotional abuse, and negligence. The adolescents were exposed to emotional damages because of emotional abuse including being affronted, being participated in coercion, violence, and obedience, being compared to their peers, being forbidden from expressing their emotions and personal opinions, being threatened by their family members, and their parents' ineffective nurturing methods. That is the reason why most of the participants implied that their dignity had been violated. Studies show some family-related suicide risk factors such as domestic violence.^[36-38] Furthermore, The home environment was perceived as hostile, with issues like parental conflicts, separation, and family discord.^[39] Most of the adolescents had suffered humiliation and insult. Rigidity and disrespect in strict and inflexible families, negligence, and conflicts in disorganized families are all predictors of self-harm behaviors among adolescents.^[27] Furthermore, the adolescents complained about discrimination in the family; the notion that their parents paid more attention to the other children and less to them. Wang, Madubata *et al.* (2022) reported that differentiation and realized discrimination intensifies suicidal ideation.^[40]

The other derived theme is the generation gap. A slight difference in values, norms, and attitudes between two generations is normal and exists in all societies. parent-

adolescent discrepancies may be important for youth at risk for suicide. Suicidality is consistently linked with family-level variables, such as serious conflict, low cohesion, and poor parent-child relationship quality (child maltreatment, relational trauma, lack of support, and hostility).^[33] In the present study, the adolescents complained of the fundamental differences between their qualities and attitudes and those of their parents and felt dejected due to their parent's lack of understanding. They were irritated because they were not given permission to make decisions independently, and because of the patronizing treatment of their parents. They mostly stated that their parents' restrictions and supervision were not tolerable. They perceived this as a violation of their privacy; therefore, they showed severe, negative reactions. Another experience common among the young participants was that their parents were ignorant of the present time circumstances. The parents would talk about their teenage years and their parent's expectations, demand the same type of behavior from their children, and impose their beliefs on them. The parents were unaware of the different needs and attributes and did not trust them to gradually practice decision-making in areas related to their lives, occupations, and education after gaining enough awareness. The findings of this study are by those of previous studies. Families with low levels of flexibility (dictatorial) resist any changes. Adolescents living in these types of families do not get a sense of freedom and commit self-harm because of their sense of deprivation.^[28]

The last derived theme was negative emotions and inappropriate emotional reactions. The adolescents had experienced numerous negative emotions. One specific experience shared by most of the participants was hopelessness. The state of hopelessness in the participants was discerned from their feelings of helplessness, detachment, enslavement, depression, and isolation. The participants were unable to control the situation due to the problems they were facing in their lives. They found themselves incapable of managing their own emotions and feelings; therefore, they responded inappropriately to social and family situations.^[36] The adolescents felt regretful and remorseful because of impulsive actions they had taken as a result of their negative emotional experiences. A study indicated that the adolescents who had attempted suicide but were rescued, in addition to showing unexpected reactions, had felt wrath, depression, and guilt.^[30,37]

Finally, it can be said that suicide is the result of a dynamic and complex interconnection between various influencing factors when all attempts by the individual to anticipate and prevent it fail. The only possible answer is to inhibit these factors and amplify the protective factors by implementing integrated and multilevel (primary, secondary, and tertiary levels) prevention measures to the highest degree possible.^[9,10,40] Furthermore, fostering a sense of affection in the family and improving family functioning can be promising approaches to decreasing suicidal attempts among

adolescents.^[41] Thus, the identification of suicide risk factors and life stressors among adolescents is essential.^[42]

As suicide is regarded as a social stigma, the accumulation of enough information in this field is inhibited by many limitations. The current study was also affected by these limitations and various problems. Therefore, it is not possible to claim that all the experiences have been accurately stated. Despite that, the findings show radical problems in adolescents' lives, which need to be more deeply examined and addressed.

Conclusion

The findings show that the adolescents were suffering from undesirable and irritating emotional experiences and agitation arising from different factors such as problematic and unsupportive emotional relationships inside and outside the family, generation gap, and losing control of negative emotions.

Mental health professionals, counselors, school teachers, Islamic scholars, friends, and families of adolescents can work towards supporting them to prevent suicide attempts and suicidal ideation by becoming aware of the factors contributing to suicide with the help of this study's findings.

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Conflicts of interest

Nothing to declare.

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