

Motivations for attempted suicide by women using drugs

Keity Laís Siepmann Soccol¹, Marlene Gomes Terra², Jael Maria de Aquino³, Janaina Lunardi Canabarro², Valquiria Toledo Souto², Zaira Letícia Tisott⁴, Daiana Foggiato de Siqueira⁵

¹Curso de Enfermagem da Universidade Franciscana (UFN) - Santa Maria (RS), Brazil.

²Programa de Pós-Graduação em Enfermagem, Universidade Federal de Santa Maria (UFSM) – Santa Maria (RS), Brazil.

³Curso de Enfermagem, Faculdade de Enfermagem Nossa Senhora das Graças (FENSG) – Recife (PE), Brazil.

⁴Programa de Pós-graduação em Enfermagem, Universidade Federal do Rio Grande do Sul (UFRGS) - Porto Alegre (RS), Brazil.

⁵Departamento de Enfermagem, UFSM - Santa Maria (RS), Brazil.

ABSTRACT

Introduction: The scientific literature has pointed out an association between drug use and a higher risk of suicide in men and women. A gender focus is necessary to understand the intentions that women who have already attempted suicide attribute to this attitude because the way people act revelation has an intentional sense. **Objective:** To understand the reasons that lead women who use drugs to attempt suicide. **Methods:** Phenomenological study, developed in a Psychosocial Care Center for alcohol and drugs, with 12 female drug users. Data collection took place through phenomenological interviews, which were analyzed from the perspective of Alfred Schütz's Social Phenomenology. **Results:** The suicide attempt by women was motivated by depression due to situations of violence and conflicting relationships and the losses experienced in their lives. The reasons for the suicide attempt are linked to the women's life history and not only to the phenomenon of drug use. **Conclusion:** Thus, understanding the reasons and the women's life history made it possible to identify suicidal risk behavior and plan the actions of health professionals according to the health needs of these women.

Keywords: mental health; substance-related disorders; mental health services; women; suicide, attempted.

INTRODUCTION

Suicide is considered to be a deliberate and intentional act with the aim of causing death to itself¹. The so-called spectrum of suicidal behavior includes a variety of behaviors, ranging from thinking about death or dying (suicidal ideation), planning the suicidal act, attempting suicide (intentional action to take one's own life, but without a fatal end), and the suicide itself².

Data from the World Health Organization (WHO) revealed that about 800 thousand people die by suicide every year, being the second leading cause of death among young people aged between 15 and 29 years³. In Brazil, the death rate by suicide was 6.13 per 100 thousand inhabitants in 2016, representing 11,433 deaths. In the Rio Grande do Sul,

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Corresponding author: Keity Laís Siepmann Soccol - Universidade Franciscana - Rua Silva Jardim nº 1175 - Bairro Nossa Senhora do Rosário – CEP: 97010-491 - Santa Maria (RS), Brazil - E-mail: keitylais@hotmail.com

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the average suicide rate was three deaths each day, almost twice as high as the Brazilian rate⁴.

There is a worldwide trend for suicidal behavior to present a gender paradox. Women attempt suicide more than men, but men commit more suicide than women⁵.

Some scientific evidence indicates that suicidal behavior is associated with drug use^{6,7}. Discussions about the problem of women who use drugs with suicidal behavior are relatively recent since the knowledge produced on the subject is limited. The consequences of drug use need further studies, especially those related to suicidal behavior⁶.

An international meta-analysis study showed drug abuse and a family history of mental disorders and drug abuse as risk factors for attempted suicide, common to both sexes. Other risk factors include bullying, childhood abuse, community violence, past suicidal thoughts, and behavior⁷.

A Brazilian study with gender only for women also identified an association between suicidal ideation and drug use, such as over-the-counter benzodiazepines, solvents, and marijuana⁶. The importance of a gender perspective is emphasized in order to understand better this phenomenon, understanding gender as a socio-cultural determinant that imprints particularities on the relationship with drugs⁸ and the risk of suicide.

It is understood that the way people act reveals an intentional sense, in which they seek through their actions to meet their expectations and needs. Therefore, only the person who experiences a certain situation can express what he intended with his action⁹. In this sense, women who attempted suicide and experience a context of drug use can attribute meanings to this perspective of the action.

This study is justified given the need to understand what motivates women drug users to attempt suicide so that it is possible to carry out actions to prevent suicide, to promote life, and to clarify this theme since there are many taboos by the population and even by health professionals¹⁰. It is noteworthy that in this study, we opted for the denomination “women drug users”, understanding this denomination as a more comprehensive form of classification to include the different individual patterns of consumption (use, abuse, and dependence).

Given the above, the question arises: what are the motivations that lead women who use drugs to attempt suicide? Thus, the objective is to understand the reasons that lead women who use drugs to attempt suicide.

METHODS

This is a qualitative study based on the perspective of Alfred Schütz's Social Phenomenology⁹. This framework allows us to understand the actions, relationships, and experiences that people experience in life. In this sense, phenomenology allows us to

understand the reasons for the action of the suicide attempt in the perception of women drug users who have experienced this phenomenon and to apprehend the influences that social relationships have on the conduct, action, and motivation of women when attempting suicide.

According to Social Phenomenology, people act according to their motivations, which can be expressed for “why” and/or “for” reasons. The “why” reasons are objective, for actions that have already been completed and are related to the past. And the reasons “for” refer to what the person intended to achieve with their action, so they are subjective⁹. This research addressed the reasons “why” of the suicide attempt.

The study was carried out in a Psychosocial Care Center for alcohol and drugs (CAPS ad), located in a municipality in the Rio Grande do Sul, Brazil. In this municipality, there are only two CAPS ad, and this one was selected for the research setting because it was implanted a long time ago. The researchers already had previous ties due to teaching activities at the institution.

The inclusion criteria were chosen: women undergoing treatment at the CAPS ad for at least one month (estimated time for the team to know the history), who were linked to the service during the period of data collection, and aged equal or over 18 years. The selection of participants occurred intentionally, based on the indication of professionals from the CAPS ad team that facilitated such access. At the time of the interview, if the researcher identified that the participant was under the influence of a drug and/or had cognitive limitations that prevented her from understanding the purpose of the research, the interview would be concluded, however, disregarded for research purposes. However, such a situation did not occur, and of all women who were invited to participate, the only one did not accept.

To collect the information, the phenomenological interview was used, which was carried out individually, from June to August 2017. The interviews took place mostly at the CAPS itself, in a private room that allowed to maintain the participants' privacy and confidentiality of information. There were also interviews that took place at the participants' homes, according to their wishes, according to their availability of time and place. All interviews were recorded and took place according to women's time availability, lasting between 30 and 60 minutes.

For the phenomenological interview, the following guiding question was used: what led you to attempt suicide? They ended when the sufficiency of meanings expressed in the statements was observed since phenomenological research seeks the sufficiency of meanings and not the quantitative¹¹.

Regarding the data analysis, readings and reinterpretations of the interviews were initially carried out, in which the intention was to identify the reasons for the suicide attempt expressed by the women. Subsequently, the concrete categories of the lived

were organized through significant passages, identified in the statements that represent the act of women. And, from that, the typical action of the suicide attempt was unveiled. The typical of the action is the common intention that exists between the group, in this case, women⁹.

The results were submitted to the interpretation of Alfred Schütz social phenomenology⁹. The ethical principles of Resolution No. 466/12 of the National Health Council were respected¹². The anonymity of women was guaranteed through the use of the letter “M” followed by a numeral, which represents the order in which the interviews were conducted. This study was approved under Opinion No. 1,452,359, CAEE 53553616.5.0000.5346, by the Research Ethics Committee of the Universidade Federal de Santa Maria.

RESULTS

The study included 12 women with a previous history of attempted suicide (at least one attempt in life) and who, during the period of data collection, was undergoing treatment at the service due to drug use. The participants were aged between 32 and 60 years. As for marital status, five were married, and seven were single. With regard to work/occupation, three worked, and nine were occupied with household chores. As for the type of drugs used, eight were users of alcoholic beverages and four of multiple drugs (alcohol associated with the use of cocaine and/or crack and/or marijuana).

The analysis of the experiences of women who attempted suicide allowed us to understand the motivations of the suicide attempt from the perspective of social phenomenology. Thus, three categories emerged: suicide attempt motivated by depression; violence and conflicting social relationships as motivation for the attempt and suicide attempt motivated by the losses.

Suicide attempt motivated by drug-related depression

Women express that the suicide attempt was motivated by the depression they were experiencing at the time they performed the action of the attempt. Depression was present at different times.

“There has always been this drug thing in my life [...]. I decided to stop on my own (with the use of drugs), but I had a very big depression. And so I tried to kill myself”. (M6)

“I’ve done it several times (attempted suicide). It was before my hospitalization (the last attempt). [...] because of depression, that I put things in my head”. (M10)

The motivation for the suicide attempt is related to depressive disorders resulting from drug use throughout life.

The experience of violence and conflicting family relationships as a motivation for attempting suicide

When reflecting on their past, women express that the suicide attempt was motivated by a life history marked by violence suffered by their parents and partners (physical and/or sexual) and due to conflicting relationships with their children.

“With so much that I have been through, something serious, very serious it was for me huddled in a corner, because the desire comes (to try to commit suicide). [...] I was abused by my father, I was raped by my brother. I was their wife for a long time, and the mother knew and never did anything. To forget what I went through (suicide attempt)”. (M4)

“The father of my boy (son), is a grudge that I hold for many years in my life. He drank too, and I drank with him, and ended up fighting. He beat me, and once tried to even kill me. This is a problem that I keep with myself and that I remember about it every time (before attempting suicide)”. (M5)

“When she (daughter) was 14 years old, she left (home). She ran away to live with him (boyfriend), then she came back, but came back against her will, fought and cursed all the time. Then I wanted to fill my face (drink), hang myself, disappear with my race, because it was hell inside”. (M1)

“I don’t accept my son. He came up to me and said: I’m gay! [...] I suffered a lot! I still suffer today. I respect it, but I don’t accept it [...] We (mother and child) can’t even talk properly, it’s very difficult to have a child like this (gay), I’ve told him (child) many times I don’t want a gay child”. (M11)

The suicide attempt was motivated by situations of violence that were part of the women’s biographical situation, by the desire to forget the memories of the past, or by the violence they were suffering at the time they decided to perform the act. Still, when they are unable to deal with the difficulties of relationships with their children, they find in the suicide attempt a means of solving these difficulties. In this sense, the motivation for the attempt is linked to relationships that have been troubled in the lives of women, even revealing situations of physical and sexual violence.

The suicide attempt motivated by the losses

This category reveals the losses experienced by women in the world of life, which include mourning the loss of family members, also unemployment, and financial losses. The difficulties in facing the situation of the loss of one of the family members motivated them to attempt suicide.

"It was my son's death. It was because of that. I didn't know how to deal with this situation". (M7)

"My father's loss was fatal. I didn't expect it. Longing is allied with the desire to stay with him". (M8)

"They stole the floor from me! Losing a child (son) with a tragic death, without knowing why and still being accused of this death, this is a punishment". (M12)

In addition to the losses of family members and the experience of mourning for children and father, women expressed the loss of work and the financial difficulties resulting from it as being the motivation for the attempt since they did not envision other possibilities for solving these situations.

"I couldn't support myself. I wanted to eat and couldn't even get a job. The lack of exit made me try to kill myself". (M2)

"We went through difficulties, imagine, we had everything, and overnight we have nothing, to be in need, to be hungry". (M8)

"I worked and got fired. I was hospitalized (for detoxification), and when I returned they put me on the street. And I had no money even to eat". (M11)

Financial losses appear as precipitating factors in the attempted suicide since the woman finds herself without a way out, without conditions of subsistence. Added to this is the lack of housing and the vulnerability of being on the street.

Suicide attempts are shown to be linked to situations of loss experienced by women, who reveal the suffering and difficulties experienced in their life world. Thus, women found in the suicide attempt a possibility to resolve these situations of daily life.

Thus, the typical action of women when attempting suicide reveals that they perform this act due to the depression triggered by the use of drugs, in the face of situations of physical and sexual violence and conflicting family relationships with children, in addition to the experience of family losses, a situation of mourning and vulnerability in the face of financial losses.

DISCUSSION

Suicide attempt is related to depressive symptoms, which were related by women being linked to drug use. It became evident that in some situations, women try to commit suicide when they stop using the drug. It is known that drugs act in the Central Nervous System, producing changes in behavior, mood, and cognition, acting as stimulants, depressants, or hallucinogens, depending on the type of drug used. With the repetitive use of the drug, the

pleasant sensation decreases, making the person feel obliged to increase the amount of use in order to return to enjoying that initial well-being and then the dependence begins¹³. For the majority of women interviewed, the drug of abuse was alcohol, a drug that potentiated depressive effects that, added to the context of these women, triggered possible depressive conditions.

Relationships in the living world can be established both between people and with objects. These relationships have unique and important meanings for them⁹. In this sense, women establish a relationship with drugs in their world of life, and when they break with the use they need to deal with negative feelings, they may experience changes in mood, becoming irritable or depressed.

Drug use is part of the daily lives of women and represents a risk of exposure to other situations of physical and mental vulnerability, including suicidal behavior⁶. Depressive disorders have the ability to influence women's intentionality regarding suicide attempts. In recent years, there has been an increase in the number of cases of depression, with a higher prevalence in women¹⁴.

When women experience existential emptiness characteristic of depression, they find the possibility of death a relief for their existence. There is an important association between depressive disorders and suicidal behavior. From this perspective, it is recommended that health professionals look closely at these symptoms for the purpose of assessment and treatment given the possible risk of suicide¹⁵.

In every action that the human being performs, there is an intentional sense in which he seeks to meet his expectations and needs¹⁰. Suicide, as an intentional action by women, occurs in the face of the need to end the suffering of the memories and experiences of violence suffered, as well as the conflicting family relationships.

A study carried out with women who attempted suicide points out that in the life stories of these women, there is a marked presence of maltreatment, physical and sexual violence perpetrated by intimate partners and/or family members⁶. Violence against women, committed by the people with whom they relate, harms their life in different aspects, involving from the physical, emotional to the sexual, including coercion and deprivation of freedom¹⁶.

People act in the world according to their previous experiences and with the interpretation of this everyday world through their stock of experiences¹⁰. The past experiences of women with regard to situations of violence culminate in motivating the action of the suicide attempt.

Among the risk factors associated with suicidal behavior are the presence of mental disorders, post-traumatic stress, the presence of depressive symptoms associated with marital violence, and interpersonal problems⁷. Past stressful events and exposure to violence and sexual abuse are present in most cases of suicide attempts in women¹⁷⁻¹⁹.

Sexual violence causes damage that can last a lifetime and interfere with the physical well-being, emotions, and social issues of battered women²⁰. Violence against women, when neglected in family relationships, affects physical and mental illness and drives suicidal behavior²¹.

It is in the world of life where experiences, experiences, and interpersonal relationships occur. These relationships trigger experiences that can be both positive and negative, which can leave a mark on people's lives. Brands are subjective and personal reminders, which remind them of some things¹⁰. The experiences of conflicting relationships with parents, partners, or children have left their mark on women's lives. These marks motivated them to attempt suicide, in which they performed the act with the intention of forgetting the negative experiences of their lifeworld.

Still, when it comes to experiences that leave marks and that motivate women to attempt suicide, losses are also negative experiences that translate into motivations for action. The losses that women have had throughout their life history involve the loss of family members and job losses.

The correlation between economic crisis and suicide is not new, but it is becoming more and more common, especially in times of rising unemployment and economic recession¹. Socioeconomic factors such as social inequality, education level, low income, and unemployment influence suicide attempts²². Emile Durkheim already emphasized the increased risk, mainly in the first three months of the change in financial situation or unemployment¹.

Among the losses that have repercussions of suffering and the realization of suicidal action, there are also the loss of children, dismissal from work, and marital separation^{23,24}. Traumatic events, which occur regardless of the women's stage of life, exacerbate feelings that generate despair, symptoms related to depressive conditions, and interrupt life plans. Thus, suicide manifests itself with the intention of accelerating death².

People are at all times in a biographically determined situation, which implies that their life story involves the sedimentation of all previous experiences that they have had and that remain available in their stock of knowledge, and that only they have experienced, and that is why it has a singular meaning¹⁰. In this sense, the biographical situation, the negative marks of the experiences, and the conflicting social relationships that the women established were motivations for the action of the suicide attempt.

Conclusion

This study sought to understand the reasons that lead women who use drugs to attempt suicide, which revealed that the attempts occur motivated by depression, by situations of violence, and due to conflicting family relationships and mourning experienced throughout life.

It was revealed that the marks that women carry in their life histories are important risk factors for the attempted suicide. Life experiences stand out from the expectation that the use of drugs is responsible for the action of women towards suicidal behavior. Thus, the use of drugs can present itself as one of the risk events. Still, it is not the only reason for the attempt, as this allies with the biographical situation, the negative experiences, the marks of social relationships, and the losses that women had over the course of their lives.

By knowing the reasons and life history of women, it is possible to identify the risk of suicide and to plan the actions of health professionals according to the singularities of this population. However, the reasons for the attempt are complex and also involve the family nucleus.

This study presented as limitations the fact that it was carried out in a single service and region of the country; however, it points out to professionals the social demands that involve the phenomenon of suicide.

REFERENCES

1. Durkheim E. O suicídio: estudo de sociologia. São Paulo: Edipro, 2014.
2. Organización Mundial de la Salud. Prevención del suicidio: un imperativo global. Washington: OPS, 2014.
3. Organização Mundial da Saúde. Folha informativa – Suicídio. Brasil: OPAS, 2018.
4. Governo do Estado do Rio Grande do Sul. Centro Estadual de Vigilância em Saúde (CEVES). Secretaria Estadual da Saúde do Rio Grande do Sul. Suicídio. Bol Vig Suicídio. 2018;1(1):1-8.
5. Ribeiro NM, Castro SS, Scatena LM, Haas LM. Time-Trend Analysis of Suicide and of health information systems in relation to suicide attempts. *Texto Contexto Enferm*. 2018;27(2):e2110016. <http://dx.doi.org/10.1590/0104-070720180002110016>
6. Silva Júnior FJ, Monteiro CF, Veloso LU, Sales JC, Costa AP, Gonçalves LA. Ideação suicida e consumo de drogas ilícitas por mulheres. *Acta Paul Enferm*. 2018;31(3):321-6. <https://doi.org/10.1590/1982-0194201800045>
7. Miranda-Mendizabal A, Castellví P, Parés-Badell O, Alayo I, Almenara J, Alonso I, *et al*. Gender differences in suicidal behavior in adolescents and young adults: systematic review and meta-analysis of longitudinal studies. *Int J Public Health*. 2019;64(2):265-83. <https://doi.org/10.1007/s00038-018-1196-1>
8. Alves TM, Rosa, LCS. Usos de substâncias psicoativas por mulheres: a importância de uma perspectiva de gênero. *Rev Estudos Feministas*. 2016;24(2):443-62. <https://doi.org/10.1590/1805-9584-2016v24n2p443>
9. Schütz A. Sobre fenomenologia e relações sociais. Petrópolis: Vozes, 2012.

10. Melo CF, Sousa JC, Silva SMM, Frota PC. Percepção da população brasileira sobre o suicídio. *Rev Fun Care Online*. 2018;10(4):1085-90. <http://dx.doi.org/10.9789/2175-5361.rpcf.v10.6328>
11. Trojahn TC, Rodrigues AP, Langendorf TF, Paula CC, Souza IEO, Padoin SMM. Cuidado de enfermagem às mães de recém-nascidos pré-termo para manutenção da lactação: estudo fenomenológico. *Rev Min Enferm*. 2018;22:e-1105. <http://dx.doi.org/10.5935/1415-2762.20180033>
12. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução n. 466, de 12 de dezembro de 2012. Brasília: Ministério da Saúde, 2012.
13. Centro Brasileiro de Informações sobre Drogas Psicótropicas (CEBRID). Livro informativo sobre drogas psicótropicas. São Paulo: Universidade Federal de São Paulo, 2011.
14. World Health Organization (WHO). Depression and other common mental disorders: global health estimates. Geneva: WHO, 2017.
15. Fiedorowicz JG, Persons JE, Assari S, Ostacher MJ, Zandi P, Wang PW, *et al*. Depressive symptoms carry an increased risk for suicidal ideation and behavior in bipolar disorder without any additional contribution of mixed symptoms. *J Affect Disord*. 2019;246:775-82. <https://doi.org/10.1016/j.jad.2018.12.057>
16. Lucena KDT, Deninger LSC, Coelho HFC, Monteiro ACC, Vianna RPT, Nascimento JA. Analysis of the cycle of domestic violence against women. *J Hum Growth Dev*. 2016;26(21):139-46. <http://dx.doi.org/10.7322/jhgd.119238>
17. Botti NCL, Cantão L, Silva AC, Dias TG, Menezes LC, Castro RAS. Características e fatores de risco do comportamento suicida entre homens e mulheres com transtornos psiquiátricos. *Cogitare Enferm*. 2018;(23)2:e54280. <http://dx.doi.org/10.5380/ce.v23i1.54280>
18. Mondin TC, Cardoso TA, Jansen K, Konradt CE, Zaltron RF, Behenck MO, *et al*. Sexual violence, mood disorders and suicide risk: a population-based study. *Ciênc Saúde Coletiva*. 2016;21(3):853-60. <http://doi.org/10.1590/1413-81232015213.10362015>
19. MacIsaac MB, Bugeja LC, Jelinek GA. The association between exposure to interpersonal violence and suicide among women: a systematic review. *Aust N Z J Public Health*. 2017;41(1):61-9. <https://doi.org/10.1111/1753-6405.12594>
20. Delziovo CR, Coelho EBS, D'Orsi E, Lindner SR. Violência sexual contra a mulher e o atendimento no setor saúde em Santa Catarina – Brasil. *Ciênc Saúde Coletiva*. 2018;23(5):1687-96. <http://dx.doi.org/10.1590/1413-81232018235.20112016>
21. Correia CM, Gomes NP, Diniz NMF, Andrade ICS, Romano CMC, Rodrigues GRS. Child and adolescent violence: oral story of women who attempted suicide. *Rev Bras Enferm*. 2019;72(5):1450-6. <http://doi.org/10.1590/0034-7167-2017-0814>
22. Santos LF, Hildebrandt LM, Kinalski SS, Piovesan AMF, Leite MT. Atenção à pessoa com tentativa de suicídio em hospital geral: a voz de profissionais de enfermagem. *Rev Bras Pesq Saúde*. 2019;21(4):27-37.
23. Almeida BLS, Lorentz M, Bertoldo LTM. Aspectos psicossociais do suicídio em idosos e percepções de sobreviventes. *Rev Psicol IMED*. 2018;10(1):21-36. <https://doi.org/10.18256/2175-5027.2018.v10i1.2260>
24. Costa ALS, Souza MLP. Narrativas de familiares sobre o suicídio de idosos em uma metrópole amazônica. *Rev Saúde Pública*. 2017;51:121. <https://doi.org/10.11606/s1518-8787.2017051007059>