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Experiences of Suicide Attempt Survivors in Nepal: A Qualitative Study

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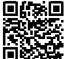

ABSTRACT

Introduction: Suicide attempt are complex phenomenon which is influenced by psychological, social and cultural factors. It affects both the individual and society as a whole. Despite the growing incidence, there is limited qualitative research addressing the experiences of suicide survivors and how they understand, perceive and interpret their experiences.

Method: A qualitative thematic analysis research design was used among 14 participants who survived suicide attempts. A purposive sampling technique was employed to select participants who had direct experience of surviving a suicidal attempt. Semi structured face-to-face interviews using an interview guide developed from the study objectives and relevant literature. Thematic analysis was done data organization , coding were performed using NVivo software. Themes were generated from participants' experiences. Key domains identified included precipitating factors, cognitive and emotional states, social and relational dynamics and behavioral patterns.

Result: The study revealed seven key themes representing the major problems experienced by the participants. These themes are interpersonal conflict, emotional distress, cognitive distortion, social isolation, acute stressor, barrier to help seeking behavior, coping mechanism and post attempt reflection. Participants in the study said they felt extremely sad and hopeless and it was even worse when their family and friends did not understand them. A lot of people said they did not want to ask for help because they were afraid of what others would think of them. Some people said that talking to someone at the hospital after they got hurt really helped them feel better and understood. Hospital-based psychological counseling was reported as beneficial in reducing distress and promoting hope among participants.

Conclusion: This study emphasized the importance of early psychological intervention, family involvement, and culturally sensitive mental health care in suicide prevention. By focusing on suicide survivor's experiences, the research provides insights for policymakers, practitioners, and mental health advocates working to reduce suicide rates in Nepal.

Key words: **Suicide attempts; Suicide Survivors; Qualitative Study; Thematic Analysis; Nepal**

INTRODUCTION

Suicide is among the top causes of mortality, the problem is made more complex by the socio-cultural environment, including stigma, financial hardship, and limited access to mental health treatment. Worldwide, suicide is a serious public health issue; Nepal faces socioeconomic and cultural pressures associated suicidal behaviors. Research on Nepalese suicide rates has shown that they are affected by a number of variables, including poverty, family turmoil, joblessness, and mental health problems[1]. Furthermore, the stigma connected with mental illness sometimes prevents people from getting therapy, which results in unreported or underestimated suicide cases. Even though mental health treatments are available, there is still a gap in meeting the psychosocial needs of suicide survivors; therefore, it is important to investigate the variables that cause suicidal thoughts inside Nepal's particular culture.

The study among suicide survivors at MMTH, explored the factors that lead to these behaviors. Often sparked as a reaction to the buildup of life demands worsened by a lack of social support and coping skills[2], suicidal thoughts show themselves. Through examining these experiences, the study seeks to find possible intervention strategies that may be culturally customized to lower Nepal's suicide rate. Research in the past indicates that therapeutic therapies aimed at psychological resilience and community-based mental health initiatives might be critical in lowering the suicide risk [3].
Previous research suggests that having reasons for living may protect individual from suicidal ideation and suicidal behavior. It is also about how these reasons can protect people from acting on thoughts of suicide. The main idea is that having reasons to live can make a difference, in helping people deal with thoughts of suicide [4]. The relationship between several forms of rumination (brooding vs. reflection) and their ability to predict suicidal ideation provides insight into the cognitive processes in vulnerable people[5]. Suicidal ideation is influenced by biological, psychological, and social factors, which can further be understood through Self-Determination Theory, as well as perspectives from family systems and interpersonal theories[6].

METHODS

Reflexivity and Research Team: Two researchers did the study. Pujan Sharma, the lead researcher, has a psychology background with expertise in qualitative research and in-depth interviews. The second researcher is a lecturer having expertise in qualitative research including mental health.

The main researcher did all the interviews, and the other researcher, Mr. Raju Raut, helped make the interview guide and examine the data. Before the study, the researchers and subjects did not have any sort of relationship. Constant self-reflection and field notes helped to keep reflexivity by reducing the possibility of prejudice from the investigator. Confidentiality was assured to participant to share their experiences.

Research Design and Approach: A qualitative descriptive study using thematic analysis was conducted to explore the

experiences suicide attempt survivors. It provides in-depth exploration of emotional suffering and recovery experiences.

Study Environment: The study was conducted at MMTH, a tertiary-level institution offering psychiatric and mental health care to many people. In-depth Interviews were conducted in a separate room to maintain confidentiality and supportive environment to share their experiences.

Participants were selected through purposive sampling based on their experience of surviving a suicide attempt. Professionals in mental health examined the interview guide to guarantee content validity. 18 participants were initially selected and among them 4 participants withdrew during the study. There were 14 participants aged 18 to 54 years' age. Collection of data went on until thematic saturation was reached and no new themes emerged from the interviews.

Criteria for inclusion: Individual eighteen years or older, People being treated for suicide attempts at MMTH, able to provide informed consent were included in the study.

Semi structured face to face interviews was conducted. The main researcher carried out every interview, which ran for between forty-five to sixty minutes. With permission from the participants, all interviews were transcribed verbatim.

Thematic analysis was done following Braun and Clarke's six step framework to identify and categorize common themes and patterns related to suicidal attempt and recovery experiences. Data was organized and coding done through NVivo software to interpret their experiences.

Ethical Consideration: Ethical approval was taken from Institutional Review Committee of Manmohan Memorial Institution of Health Sciences. The NECHO/IRC number was NECHO/IRC/081/021. Written informed consent was obtained from all participants prior to data collection. Participation was entirely voluntary, and participants were informed of their right to withdraw from the study at any time without any consequences. In addition, permission to conduct the study was obtained from Manmohan Memorial Teaching Hospital administration. To ensure participant safety, arrangements were made to provide mental health support to any participant who experienced emotional distress during or after the interviews. Data was collected in separate room one and one basis to provide safe confidential space for sharing.

Ensuring Trustworthiness and Rigor: Trustworthiness of collected data will be maintained by credibility, dependability, transferability, and confirmability (Lincoln & Guba, 2013). Scholarly rigor was maintained through triangulation.

RESULTS

A total of 14 participants were taken age ranged 18 - 54 years with majority falling 26 - 35 age groups. The majority of participants were female and most of them were married. These findings showed suicide is more prevalent among young adults, particularly females and majority of participants were married.

Thematic findings:

1. Interpersonal conflict and relationship stress

Interpersonal conflict, particularly within marital and family relationships, was a dominant theme. Participants described misunderstandings, lack of communication, and emotional disconnection. One participant expressed:

"**When my wife denied my request, I could not say anything but felt very bad**."

Another participant reported distress due to family conflict:

"**When near one says anything I felt heartbroken**."

In cases involving marital discord and extramarital issues, participants described intense emotional distress and feelings of rejection.

2. Emotional Suppression and Difficulty Expressing Feelings (Emotional Distress)

Many participants do not express their emotions. This lack of emotional ventilation contributed to psychological distress. A participant stated:

"**I am not the kind of person, I could not express my feelings, I keep inside me**."

Similarly, another participant shared:

"**I feel no one understand me so I did not share to anyone** ."

This pattern reflects limited coping through communication and increased vulnerability to impulsive behavior.

3. Cognitive Distortions

Participants frequently reported automatic negative thoughts, including feelings of worthlessness, guilt, and hopelessness.

One participant expressed:

"**I feel worthless, I feel it's okay not to live as I could not do anything, I am burden for everyone.**"

Another described pervasive guilt:

"**After surviving. I didn't know how to face people.**"

Such cognitive distortions were closely associated with emotional distress after suicidal attempt.

4. Social Isolation and Loneliness

Many participants experienced emotional isolation and lack of support though they live together in family.

A participant shared:

"**There is no one who understands me, I feel very lonely.**"

Another stated:

"**There is no one to whom I can talk, all ignored me**."

This perceived lack of belongingness significantly contributed to suicidal attempt.

5. Acute Stressors as Immediate Triggers

Several suicide attempts were precipitated by acute stressful events such as arguments, financial problems, or perceived rejection.

One participant described:

"**After discussion in that day I feel very bad and I**

attempt"

Another reported financial stress:

"**I lost all my money so I do not know what to do, I think there is no meaning to live, I am useless.**"

These findings indicate that acute stressors often acted as precipitating factors.

6. Barriers to Help-Seeking Behaviour

Participants identified multiple barriers to seeking help, including stigma, fear of judgment, and lack of trust.

One participant stated:

"**I think people will judge me and say (psycho) so I donot like to say anything about my condition.**"

Another shared:

"**There is no one who understands me so I keep silence .**"

These barriers prevented timely intervention and support.

7. Coping Mechanisms and Post-Attempt Reflections

Following the suicide attempt, many participants expressed regret and a renewed perspective on life.

A participant reflected:

"**I feel very bad , I shouldnot have doen this act.**"

Another stated:

"**After I survived I feel I need to live for my family they love me**."

Some participants reported adopting coping strategies such as:

- Breathing and relaxation exercises
- Seeking family support
- Engaging in counseling sessions

According to the word cloud shown in appendix one represents the most frequent words related to a specific topic, likely concerning suicidal behavior or emotional distress. The largest and most prominent words, such as "family," "suicide," "attempt," "feeling," "emotional," and "distress," indicate the highest frequency of appearance in the text data. These terms suggest that the data focuses heavily on themes surrounding family involvement, emotional challenges, suicide attempts, and mental distress.

Other significant terms include "support," "hospital," "anger," "guilt," "issues," and "intervention," indicating discussions about medical or psychological interventions, emotional reactions like guilt and anger, and alcohol use in the context of distress. Words like "overthinking," "frustration," "relationship," and "financial" imply that various personal and situational stressors, such as financial and relational conflicts, are also prevalent.

Smaller words like "crying," "frustrated," "pain," "low," and "hopeless" reflect individual emotional states or actions related to distress.

In summary, this word cloud provides an overview of the major themes and emotional states discussed in the text, with a focus on family, suicide, and emotional challenges.

According to the sensitivity analysis as per the appendix revealed that emotional distress and overthinking were the most critical factors influencing suicidal tendencies among participants, with all or most respondents reporting intense emotional experiences and cognitive overload. Relationship conflicts and financial hardships also emerged as highly sensitive triggers, particularly when compounded by lack of support and economic dependency. Social isolation, stigma, and alcohol use were identified as moderate to low contributors but still played a significant role in individual cases. Notably, counseling provided at the hospital acted as a protective factor, helping to mitigate suicidal thoughts for many participants.

According to the thematic analysis as per the appendix variables related to suicidal behavior, emotional distress, and interpersonal conflicts, drawn from multiple cases. Key themes include overthinking, guilt, family and relationship conflicts, internal emotional struggles, suicidal ideation and attempts, and the impact of financial stress. Emotional responses such as loneliness, frustration, and anger are highlighted, along with physical symptoms, guilt, and help-seeking behaviors. The table reflects the depth of emotional and psychological distress experienced by individuals, along with their interpersonal struggles and coping mechanisms, ultimately leading to various forms of emotional expression and interventions like counseling.

DISCUSSION

The qualitative analysis in this study highlights significant themes around emotional distress, interpersonal conflict, and suicidal behavior among the participants. One of the most prominent themes observed was overthinking and guilt, especially in relation to family dynamics and decision-making. Several participants expressed feelings of guilt related to decisions about their loved ones, such as sending their children abroad or conflicts with family members. This finding aligns with research by Baumeister et al. (1994)[7], who argue that guilt is a key emotion in influencing relational dynamics, often leading to psychological distress.

The theme of relationship conflict and family stress was another major contributor to emotional turmoil. Conflicts with spouses, disagreements over traditional customs, and miscommunication within families often created a sense of rejection and loneliness. The findings are consistent with theories of family systems which suggest that family conflict and poor communication patterns can exacerbate emotional distress, leading to anxiety and depression[8]. Additionally, suspicion and miscommunication were identified as key contributors to relational strain, leading to further isolation and emotional burden.

The recurring theme of suicidal attempts throughout the cases is particularly concerning. Participants reported suicidal thoughts and behaviors in response to overwhelming emotional and psychological distress, which is consistent with Joiner's (2005)[9]interpersonal-psychological theory of suicidal behavior. This theory suggests that suicidal ideation often arises from feelings of perceived burdensomeness and thwarted belongingness, both of which were evident in the participants' narratives. For example, participants who

faced financial stress or family conflicts often felt that death would be a solution to their problems, reflecting a sense of hopelessness and helplessness.

Moreover, the presence of physical symptoms such as pain and discomfort was closely linked to emotional distress, suggesting a psychosomatic relationship between the mind and body. This supports the theory of somatization, where emotional and psychological distress manifests as physical symptoms[10]. The experience of physical pain and health deterioration added an extra layer of suffering for participants, compounding their emotional burden.

The study also revealed themes of help-seeking behavior and counseling intervention, with participants seeking medical or psychological assistance after suicide attempts. This aligns with the stress-buffering hypothesis, which posits that social support and interventions such as counseling can help mitigate the effects of stress and emotional distress[11]. Despite this, some participants reported feelings of guilt or fear of social judgment, which deterred them from seeking help earlier.

CONCLUSION

This qualitative study offers insight into complex emotional experiences of suicide attempt survivor. Interpersonal conflict, emotional suppression, cognitive distortion and family related stress emerged as a major contributor to suicidal behavior. Participants described feeling of guilt, feeling hopeless and emotional burden following suicidal attempt. The findings highlight the need of early intervention and psychotherapy from a theoretical perspective in addressing emotional discomfort. According to family systems theory and Joiner's interpersonal-psychological theory of suicide behavior, healthy family communication and reducing feelings of isolation can help ease some of the psychological problem experience by participants. Moreover, the manifestation of physical symptoms connected to emotional discomfort needs for a more integrated approach to mental health services.

The findings emphasized the importance of providing accessible mental health services, especially for those facing overwhelming stress from family conflicts and financial hardships. Future research could expand on these themes by exploring the role of cultural factors in shaping emotional distress and coping mechanisms, particularly in settings where social stigma around mental health is prevalent. This study will be helpful for suicide prevention and policy making.

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AUTHOR CONTRIBUTIONS

Pujan Sharma designed the study, wrote the proposal, sent for ethical approval, assisted in data collection, analyzed data, and drafted the manuscript. Raju Raut worked in data analysis, interpretation and did manuscript review.,

CONFLICT OF INTEREST

The authors declare no competing interests

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APPENDIX

Word Cloud

Sensitivity Analysis

Themes / Factors	Frequency of Occurrence	Intensity of Emotional Impact	Sensitivity Level	Description
Emotional Distress	High (10/10 participants)	Very High	Critical	Persistent feelings of sadness, hopelessness, and overwhelm.
Overthinking and Guilt	High (9/10 participants)	High	High	Recurrent rumination, self-blame, and cognitive overload.
Relationship and Family Conflict	Moderate (7/10 participants)	High	High	Marital issues, domestic violence, and lack of family support.
Financial Hardship	Moderate (6/10 participants)	Moderate to High	Moderate	Debt, joblessness, and financial dependency causing psychological burden.
Social Isolation & Loneliness	Moderate (6/10 participants)	Moderate	Moderate	Withdrawal from social groups, feeling disconnected or unwanted.
Stigma and Help-Seeking Barriers	Low (4/10 participants)	High	Moderate	Fear of shame, judgment, and cultural silence around mental illness.
Alcohol Use	Low (3/10 participants)	Moderate	Low	Used as a coping mechanism; sometimes escalates suicidal thoughts.
Physical Illness	Low (2/10 participants)	Low	Low	Chronic pain or disease linked with psychological fatigue.
Positive Counseling Response	Moderate (6/10 participants)	Positive Impact	Protective Factor	Empathetic hospital-based counseling was helpful in reducing suicidal risk.

Qualitative Analysis of Themes and Variables in Suicidal Behavior and Emotional Distress

Theme/Variable	References/Codes	Coverage
Overthinking and Guilt	Overthinking about daughter's situation, feeling guilty about sending daughter to America (Reference 1); Feeling guilty about financial loss, husband's reaction, and suicide attempt (Reference 31); Feeling guilty about suicide attempt (Reference 36, 37)	8.41%
Relationship Conflict	Conflict with wife about Teej plans, feeling rejected and lonely (Reference 2); Suspicion and miscommunication with wife (Reference 3); Internal conflict and regret for not expressing true feelings (Reference 4); Conflict with family due to extramarital affair (Reference 22)	7.53%
Family Conflict and Stress	Stress from father's remarriage, burdened by mother's situation (Reference 5); Conflict with family over small matters (Reference 22); Conflict with husband over finances and family support (Reference 33)	10.62%
Suicidal Ideation and Attempts	Suicidal thoughts and expressing them but not believed (Reference 6, 8); Planning and attempting suicide by poison, overdose, or hanging (References 20, 24, 30); Suicidal attempt after drinking alcohol (References 17, 26)	17.67%
Emotional Distress	Feeling emotional pain, distress, frustration, and anger (References 7, 10, 12, 19, 21, 23); Emotional burden due to family issues (Reference 5); Feeling unsupported and neglected by husband (Reference 32); Expressing emotional distress (Reference 34)	18.66%
Loneliness and Isolation	Loneliness after wife's departure (Reference 5); Loss of friendships (Reference 19); Feeling lonely in family relationships (Reference 22)	5.48%
Physical Health Issues	Teeth pain and discomfort (Reference 9); Chest pain, leg problems, and health deterioration (References 15, 18)	3.50%
Financial Stress	Financial loss leading to stress and guilt, unable to explain to husband (References 29, 30); Father-in-law's refusal for financial support (Reference 33)	7.38%
Help-Seeking and Intervention	Seeking hospital treatment after suicide attempts (Reference 25); Counseling intervention for couple (Reference 14); Family support after suicide incident (Reference 38)	4.18%
Guilt and Shame	Guilt about past decisions and conflicts (Reference 4); Guilt after suicide attempt (References 27, 36, 37)	6.88%
Fear and Hopelessness	Intense fear and helplessness (Reference 16); Hopelessness leading to suicidal ideation (References 19, 30, 24)	6.32%
Alcohol Use	Alcohol consumption followed by suicide attempt (Reference 26); Irritability due to alcohol use (Reference 21)	3.04%